N. B.- Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHySICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

PLACE OF DEATH	3000 STATE OF MARYLAND
County allegany	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Meslerufort (No. 2FULL NAME MAY Lo ena Wern	St; Ward) [If death occurry a hospital or institution of street and number of street and num
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, WIDOWED, WIDOWED, (Write the word) 8 DATE OF BIRTH August 6 SINGLE, MARRIEO, WIDOWED, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH (Month) (Day) (Year 17 I HERERY CERTIFY. That I attended deceased f 1917, to 7191 that I last saw h allye on 7191
(Month) (Day) (Year) 7 AGE If LESS than f day, brs. OR	and that death occurred on the date stated above, at
parlicular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country)	Contributory Manual Accordance (Secondary)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) State the DISEASE CAUSING DEATH, or, In deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDITAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (intermant) (intermant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. Where was disease contracted, If not at place of death? Former or usual residence
(Address) Mestern fort Indi	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MARIA 19:

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of lifbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPEBAL peritonitis," childbirth or miscarriage. as "l'unermeal scottchae mus," "Old Age," "Shock." ture of the American Medical Association.) "Contributory." sepsis, tctanus) Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "Taemia," "Weakness," etc. State cause for (name origin; "Candeath), 29 ds.: Examples: 20



PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH SICIANS should occupation is Registration Dist. No. If death occurred in RECORD a hospital or jostitution, give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS PERMANENT MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 18 DATE OF DEATH MARRIED. BINDING WIDOWED. ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at., 1 day,hrs. properly ш BOCCUPATION 5 (a) Trade, profession, or particular kind of work. be (b) General nature of industry. FADING business, or establishment in may (Duration) which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary that 10 NAME OF FATHER 80 of back terms. ARGI 11 BIRTHPLACE ARENT hould OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENuo 12 MAIDEN NAME plain TAL, SUICIDAL, OF HOMICIDAL. instructions OF MOTHER larshall 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) DEATH Where was disease contracted. Cure KNOWLEDGE ō item OF Important. usual residence. ш 19 PLACE OF BURIAL OR Every DAPS OF BURIAL 15 , 191. 20 UNDERTAKER ADDRESS 00 REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No./1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers sume, etc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the disease of persous engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Statement of occupation-Precise statement of oecupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerreral peritonitis," etc. State cause for childbirth or misearriage as "Puerreral septiehacetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uruemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ratvular heart disease; Chronic interstitial nephritis. ture of the American Medical Association.) "Contributory." (Recommendations on statement of dent; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from For Vio-Ex-



3.1112 1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution, give its NAME instead ACTLY. of street and number. RECORD ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH ш SINGLE, 5 16 DATE OF DEATH 3 SEX class COLOR OR RACE stated MARRIED, PERMANENT WIDOWED OR DIVORCSO (Month) (Day) properly certificate CERTIFY, That I attended deceased from be 6 DATE OF BIRTH pino Year) pe (Month) If LESS than 7 AGE 0 5 and that death occurred on the date stated above, at may 1 day, hrs. back O The CAUSE OF DEATH # was as follows: OR min.? S t Ayrs.......mos..... that uo 8 OCCUPATION ed (a) Trade, profession, or suppli Suo particular kind of work (b) General nature of industry instructi business, or establishment in (Duration) yrs. mos. term carefully which employed (or employer) UNFADIN Contributory 9 BIRTHPLACE See in (State or country) 10 NAME OF ψ Ď 2 FATHER onld important. ATH 11 BIRTHPLACE ENT State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, OF FATHER (State or country sh Ш SUICIDAL OF HOMICIDAL. 2 0 Œ 12 MAIDEN NAME OF MOTHER LL. d EOF 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS la the Ve 13 BIRTHPLACE of infor S OF MOTHER WRITE yrs.mos. State,yrs. mos. 5 S (State or country) Where was disease contracted. CA state CA PATION 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not al place of death? Former or item usual residence Every it should a DATE OF BURIAL 19 PLACE OF BURIAL (Address), 191. 15 20 Filed $\mathbf{\omega}$ REGISTRAR Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers write None. taken to report specifically the occupations of persons wife, Housework, or At Hame, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compositar. Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, Civil If retired from

Statement of Cause of Death—Name, first, the disease causing disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fener (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchapmeumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 3 1915

BUREAU, V.S.

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If death occurred in

1911

(Year)

a hospital or Institution.

give Its NAME Instead of street and number.

(Day)

State,yrs,mos. ds.

DATE OF BURIAL

ADDRESS

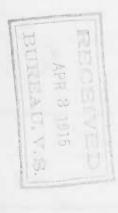
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[Approved by U. S. Census and American Public Health
Association.]

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[Approved by U. S. Census and American Public Health Association.]

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the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

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No. I.

UNFADING INK-THIS IS A PERMANENT PLAINLY, WITH WRITE

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD Every Item of Information should be CAUSE OF DEATH in plain terms, s Important. 1. ż

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.....Ward)

It death occurred to a hospital or Institution, give Its NAME Instead ot street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	HEREBY CERTIFY, Ihat I attended deceased from Man 1915 to Man 1915 that I last saw ham alive on Man 1915
TAGE It LESS than t day,hrs ORmin.?	The state of the date stated about, at
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Cobhard 11 BIRTHPLACE OF FATHER (State or country) 12 Maiden NAME 12 Maiden NAME	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Induction.
of Mother Januar Torler 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos. ds Where was disease contracted, It not at place of death?
(Address). Eokhart flad 15 Filed, 191	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care nine, etc. Women at home, who are engaged in the cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b)Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e.g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be ludi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: But in many "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

untvutar heart discase; Chronic interstitial nophritis, nant neoplasms); Meastes; Whooping cough; Chronic injury, as fracture of skull, and consequences (e.g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inauition," "Marasgenital," "Collapse," "Coux," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: which surgical operation was undertaken. etc., when a definite disease can be ascertalned as the Bronchopucumonia ture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Iclanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary), 10 ds. Never report For vio-



MARGIN RESERVED FOR BINDING

V. S. No. 1.

Village or City Essul a (No. 217/2).	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurr a hospital or institute give its NAME into of street and number of street an
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuale Holile 5 SINGLE, MARRIEO, MARRIEO, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (1)
TAGE Continuous 1872 18	that last saw halive on 25 and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER John Price 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Afand Ledwigh 13 BIRTHPLACE	(Signed) State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSOF OR RECENT RESIDENTS) All place In the
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informanf) Clinas H Clark	where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL Aug. 9
(Address)	

[Approved by U. S. Census and American Public Health Association.]

for given up.on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (refired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Serual, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "I'Mealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Antoonly when needed. As examples: (a) Spianer, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of ness of various pursuits can be known. The question is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. very important, so that the relative healthful-For persons who have no occupation whatever, Never return "Laborer," Locomotive If retired from engineer,

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Eronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," hapse," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonilis," etc. State cause for which on Nomenelature of the American Medical Association.) and consequences (e. g., sepsis, telanus) may be stated suicide. head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, birth or misearriage as "Puerrenal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "H emorrhage." "Inunition," "Maras-"Annemia" symptoms or terminal conditions, such as "Asthonia." chopheumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. ucphrilis, etc. cough: Chronic valendar heart disease; Chronic interstitiat "Tumor" for malignant neoplasms); Measles: Whooping (name origin; "Caneer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of... Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, "Senile." (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercurotc.). "Dropsy," Never report mere "Exhaustion." ("('on-



certificate.

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back

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² FULL NAME PERSONAL AND STATISTICAL PARTICULARS S BINGLE. 3 SEX 4 COLOR OR RACE MARRIEO. WIOOWEO, Write the word) B DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than 1 day, hrs. BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or (Intormant). usual residence

1 PLACE OF DEATH

STATE OF MARYLAND ERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

lif death occurred in a hospital or institution. give its NAME instead of street and number. 1

MEDICAL	CERTIFICATE	OF DEATH

6 DATE OF DEATH	18-	26	1015
***************************************	(Month)	(Day)	(Year)
7 1 HEREBY C	ERTIFY, That I a	ttended dec	eased from
	, to		191,
at I last saw h alive	on		, 191
nd that death occurred on t	he date stated a	bove, at	m,
he CAUSE OF DEATH* Was	s as follows:		

miss	arrica	19e-	tono
······		/	

*State the Dismass Causing DEATH, or, in deaths from state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS

OR RECENT RESIDENTS)			, INAMBIEM	10
At place	In the			
of death yrs mos ds.	State	yrs	mos.	ds
Where was disease contracted.				-
If not at place of death?		*		

DATE OF BURIAL

20 UNDERTAKER

Contributory...

(Secondary)

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). Houşewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer—Coal statement. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the DISEASE mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: The question For persons "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc... Carcinosais

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railreay train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purrereal septichaeetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Mcasles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of _ The contributory "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (disease causing (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Candeath), 29 de.; Never report For vio-



Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF BEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN T. S. No. 1.

K. B.

County Allgam	STATE OF MARYLAND CERTIFICATE OF DEATH Any Hospital Registered No.
Village or City Miluland (No. 203)	Transplan St; Ward) [it death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARIED MINORED WILLIAM WHOWER, OR INVORCEO (WITH the word)	16 DATE OF DEATH Mulls 16 (Month) (Day) (Year) 174. I HEREBY CERTIFY, That I attended deceased from
TAGE Stuffer mos. ds. ORmin.?	that I last saw a live on Moule 16 1915, and that death occurred on the date stated above, at 6 m. The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Many G	(Duration) yrs mos ds. Contributory (Secondary) (Ouration) yrs mos ds.
10 NAME OF FATHER WALL COLLAR 1 11 BIRTHPLACE OF FATHER (State or country) / Mulssey 12 MAIDEN NAME OF MOTHER PLOY ONE.	(Signed) , M. D. *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. *BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE STOLE TO THE BEST OF MY KNOWLEDGE (informant) Limbor Caldar	At place At place of deathyrsmosds. Stateyrs,mosds. Where was disease contracted, If not at place of death? Former or usual residence.
Filed MAR 18 1915 Max REGISTRAR If more blanks are needed, address State Registr	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS SLLE JAMY HAS Settles Letter ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day luborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Housewife, Housework, or At Home, and children, not mine, etc. Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc...

injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purprenal septichacmus," "Old Age," "Shock," "Traemla," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." schsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Ausemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senife." etc.), "Dropsy," may be stated under the head of (Recommendations on statement of (name origin; "Can-"Exhaustion," Never report Examples: For vio-



N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH	STATE OF MARYLAND
county allegans	CERTIFICATE OF DEATH
County Milegary	Registration Dist. No.
Village or City Combled (No. 60 mg	Uir are 3dst.; Ward) [If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME Mary Buthou	Comele of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVDROEP MARRIED	16 DATE OF DEATH March 31, 1915
6 DATE OF SIRTH	17 I HEREBY CERTIFY, That I attended deceased from 1914, to March 31, 1915.
(Month) (Day (Year)	that I last saw her alive on March 31 1915
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
3/ yrs 6 mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or	silina ay pincuin
particular kind of work for service	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) / yrs. 6 mos. — ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Goseph Aurland	(Signed) (Buration) yrs mos ds.
V 11 BIRTHPLAGE OF FATHER (State or country)	1 1910 3, 1915 (Address) Quantiland Med.
11 BIRTHPLAGE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or., in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the. The state of death yrs. Mos. ds. State yrs. Mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) flittle Coccert	Former or usual residence
(Address) Completed	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed PR 5 19161 Mac Listus	20 UNDERTAKER ADDRESS
REGISTRAR	Jours Stern Cite
If more blanks are needed, address State Register	far, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. fication as Day laborer, Farm laborer, Laborer-Coul "Manuger," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Women at home, who are engaged in the The (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup";) **ITyphoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuhereucissis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "l'uerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichaccause. etc., when a defiuite disease can be ascertained as the "Ileart failure," "Haemorrhage," "Inanition," "Maras-"Collabse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. natualar heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), Measles (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) "Dropsy," "Exhaustion,"



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH County Ullegay	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Freshiry (No. 2)	46 Centra St St.; Ward) [If death occurred io a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal Hhite 5 single, Markier, Willowed. Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (Month) (Day (Year)	that I last saw here allve on the first 25, 1915
82 yrs 10 mos 28 ds OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	
which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Am Eddy 11 BIRTHPLACE	(Signed) (Signed) (Signed) (Signed) (Signed) (M. D. M.
Z OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) England	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) (Informant)	Where was disease contracted, if not at piace of death? Fogmer or usual residence
Filed Med 2, 1915 DIL Corray REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
1f more blanks are needed, address State Regist	rrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statemeut. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when ueeded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g.. Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been chauged or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Manager," "Dealer," etc., without more precise speci-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," The

lesis of lungs, meninges, peritonaeum, etc., Carcinterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia." pneumonia"); brospinal meningitis"); Diphtheria (avold use of "Croup";) Statement of cause of death-(the only definite synonym is "Epidemie cere-Typhoid fever (never Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): -Name, first, the disease report "Typhoid Tubereu-

> nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichue cause. mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition." "Maras thenia." "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ullrular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (uame origin; "Can-"Contributory." sepsis, telanus) injnry, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railray train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioete., when a definite disease can be ascertained as the genital." "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary). 10 ds. ture of the American Medical Association.) cause of death approved by Committee ou Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State Always qualify all diseases resulting Measles "Senile," may be stated under (Recommendations on statement of (disease cansing death), 29 ds.; ete.). "Dropsy," "Exhaustion," the head Never report cause for



1 PLACE OF DEATH STATE OF MARYLAND EXACTLY PHYSICIANS sified. Exact statement of CERTIFICATE OF DEATH Registration Dist. No .. If death occurred in a hospital or institution, give its NAME instead of street and number. I RECORD classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH 3 SEX COLOR OR RACE stated MARRIED. Married 1911 PERMANENT WIDOWED (Day) OR DIVORCED may be properly ck of certificate. EBY CERTIFY. That I attended deceased from OF BIRTH , 191. should 1863 12 that I last saw h - alive on (Day) (Year) If LESS than 7 AGE L 1 day, hrs. back O OR min. ? d +4 a) Trade, profession, or plied. no tha particular kind of work INX 0 dns (b) General nature of industry instructio rms, Business, or establishment in UNFADING which employed (or employer) te Contributory 9 BIRTHPLACE (State or country) plain See in Ca 10 NAME OF FATHER 9 2 (Signed) ARGIN ould nt. I 11 BIRTHPLACE 191 (Address) FNTS importa *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT d (State or country) SI CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL OF HOMICIDAL 50 12 MAIDEN NAME Œ ation OF OF MOTHER d 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, very EШ 13 BIRTHPLACE At place S of infor OF MOTHER WRITE mos. D 5 (State or country Every item of inf should state CAL OCCUPATION IS Whera was disease contracted, 14 THE ABOVE IS TRUE if not at place of death? DATE OF 20 UNDERTAKER ADDRESS 0 REGISTRAR Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

write None business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the disease causing death, Housemoid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material werked on may form part mill; (a) Salesman, (b) Growry: 10) Foreman, precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationory fireman, etc. But in many cases, cion, Compositor, Architect, Loromotive engineer, Civil business or industry, and therefore an additional hue know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation - Precise statement of occupathe second statement. very important, so that the relative healthful-For persons who have no occupation whatever If retired from (b) Auto-

Statement of Cause of Death—Name, first, the dispasse Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerchrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lumps, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned Struck by rollway train—accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or misearriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemerrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," lapse," "Coma," "Convu genital," "Senile," etc.). Symptoms or terminal conditions, such as "Asthenia," "Anacmia" (merely symptomatic), "Atrophy," "Co chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms): Measles, Whooping Example: Measles (discuse causing death), 29 ds.; Bronma," "Convulsious," "Hebility" ("Con-The contributory (secondary or intercurby carbolic acid-probably State cause for which to puno.n



BINDING FOR RESERVED MARGIN

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N.

4 UNFADING INK-THIS IS AGE WRITE PLAINLY, WITH

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT

	1 PLACE OF DEATH	STATE OF MARYLAND
	. alletinns	CERTIFICATE OF DEATH
Cou	inty Company of the second of	Registration Dist, No.
Vill	2 FULL NAME Christopher	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
n/	4 COLOR OR RACE Single, Married, Milowed, Willowed, ORDIVORCED (Wirile the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DA	TE OF BIRTH	17 I HEREBY GERTIFY, That I attended deceased from
	Month) (Day (Year)	that I last ssw h 4 allve on
7 A C	If LESS than	and that death occurred on the date stated above, atm
	yrs mos ds, OR min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION	Chrone & Later
par	Trada, profession, or ticular kind of work.	mehantes
bus	General nature of industry, ness, or establishment in Coal Miney ch employed (or ampioyer)	(Ouratian) yrs mos ds
9 BI	RTHPLACE (State or country)	Secondary (Duration) yrs mos ds
	10 NAME OF FATHER John & and 1	(Signed) The Management of the
NTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH OF in deaths from Vicesia
ARENTS	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether AccideN TAL, SUICIDAL, OF HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) of common	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) Christie Daws for	Former or usual residence
	(Address) Grasthus Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1 5		20 UNDERTAKER WODRESS
111	REGISTRAR	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect. Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the Disease causing death—Name, first, the Disease causing death—Name, first, the Disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dememonia"); Lobar pheamonia; Bronchophenmonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marusmus." "Old Age," "Shock," "Uraemia," "Weakness." genital." ralvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association. "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," childbirth or miscarriage as "Puerperal septichaeetc.. when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary). 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Probably which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.). "Dropsy," Measles (Recommendations on statement of (disease causing death), etc. State cause for "Exhaustiou," For vio



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

Village or City County Village or City County Village Of City County Or County On 117, 2 FULL NAME Stadis Davi	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH March (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Mus. 18,1915, to March 20,1915;
7 AGE (Month) (Day) 1 (Year) 7 7 AGE (Month) (Day) 1 (Year) 4 1 day, hrs. OR min.?	that I last saw have alive on
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Qurallon) yrs. mos. 4 ds.
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted, if not at place of death? Former or
(Address) // 7 Zagra St. 15 Filed AR 28 19 1491 May Littor REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mar 2 (, 1915 20 UNDERTAKER ABBRESS LOUIS STEENING COLUMN MEMBERS

[Approved by U. S. Census and American Public Health Association.]

"Foreman," "Manager," "Pealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Hona, and children, not gainfully the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housemill; (a) Salesman, (b) Croscry: (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Cool mine, etc. Women at home, who are engaged in business or industry, and therefore an additional line For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, (inil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,") Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUCIDAL, or nomeridal, or as probably such, if impossible state Means of inderer and qualify as accomental, surgical operation was undertaken. For violent deatus "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Pterperal septichaemia, etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage." "Inanition," "Marasgenital," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Conchapmenmania (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Meastes (disease causing death), 29 ds.: cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes: Whooping rent) affection need not be stated unless important. nephrilis, etc. " "Old Age," "Shock," "Uracmia," "Weakness," The nature of the injury, as fracture of skull Always qualify all diseases resulting from child-"Kenile." The contributory (secondary or interemetc.). "Dropsy," "Exhaustion.



Village or City Country (No. 31), Paragraph of City Country (No. 31), Paragraph of City State of Cit	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Laske St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED OR DIVORCEO (Il'rite the word)	16 OATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That attended deceased from
7 AGE (Month) (Dny) (Year) (Year) 7 AGE If LESS fhan 1 day, hrs. OR min.?	that I last saw h in alive on Musch 20, 191 V, and that death occurred on the date stated above, at 1/130 m. The CAUSE OF DEATH is was as follows: Chronic Valurelon/Seart Beau
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary (Quration) > yrs. mos. ds
10 NAME OF FATHER Mathew Sean 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER	Signad) ## (Address) ## (Addres
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Sarah Dean (Address) Commbulgana My	of death yrs. mos. ds. State, yrs. mos. ds. Where was disaase contracted, If not at place of death? Former or usual residence
Filed AR 22 19 191 Max Liston REGISTRAR	20 UNDERTAKER Stein (ADDRESS 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in donrestic service for wages, as Serrant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Poreman," "Manager," "Dealer," etc., without more mill; (a) Salesmon, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Furm laborer, Loborer mobile factory. The material worked on may form part is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. -Coll mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupaof various pursuits can be known. The question very important, so that the relative healthful-For persons who have no occupation whatever If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis?"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pncumonia"); Lobar pncumonia, Bronchopmenmania ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, menin-

mus, genital," under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated head—homicide; Poisoned by carbolic acid—probably to determine definitely. Examples: Accidental drowning SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUEHPERAL perilonitie," birth or misearriage as "Puerperal septicharmia," Cause. etc., when a definite disease can be ascertained as the "Heart failure," "Hecmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvulur heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. Struck by railway train—accident; Resolver Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles: Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, "Senile," (merely symptomatic). The contributory (secondary or interent-"Convulsions," Ote.), etc. State cause for which "Dropsy," "Debility" ("Con-"Atrophy," "Exhaustion," ACCIDENTAL,



1 PLACE OF DEATH

31116 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Lif death accurred in a hospital or Institution. give its NAME instead of street and number. MEDICAL CERTIFICATE OF DEATH HEREBY CERTIFY, That I attended deceased from *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, .yrs Con State. ADDRESS

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business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant. Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman." "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Croxery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer. Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--('oal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Locomolise engineer, Civil If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, nenin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, "Puerperal peritoritis," etc. State cause for which genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hearnorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urannia," "Weakness," Struck by railway train-accident; Revolver wound of surgical operation was undertaken. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. "Annemia" symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for mulignant neoplasms); Measles; Whooping "Coma," oma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-State cause for which FOR VIOLENT DEATHS Never report mere



7. B. No. 1.

WRITE

RECORD PERMANENT 4 S UNFADING INK-THIS PLAINLY, WITH

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[It death occurred in a hospital or institution,

FULL NAME Marthadlewo	give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
JSEX 4 COLOR OB RACE SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	that I last saw her allve on Mch" 50, 1915
7 AGE If LESS than day,hrs. ORmio. ?	and that death occurred on the date stated above, at 12050m. The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kind of work (b) General nature of industry,	
business, or establishment in which employed (or employer)	Contributory luceral debulle
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER OF FATHER	(Secondary) (Duration) yrs mes ds. (Signed) , M. D.
(State or country) 12 Mailen NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Manyland	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted.
(Informant) Color Of the Best of My KNOWLEDGE	If not at place of death? Former or usual residence
(Address) Feller sleg Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Pa 1915
Filed REGISTRAR	20 ONDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question (a), Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcinosis of lungs, meninges, peritonacum, etc... Carcinosations.

sepsis, tetanus) may be stated under the head which surgical operation was undertaken. childbirth or miscarriage, as "Puenperal septiehaeture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUEBPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma. Sarcoma. etc., of . "Contributory." thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical er" is less definite; avoid use of "Tumor" for malk-The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH County Alagana (STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Change 12 19 19 19 19 19 19 19 19 19 19 19 19 19	Registration Dist. No. [It death occurred is a hospital or Institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH March 20 (Month) (Day) (Year
	that I last saw her alive on Municipal (1915)
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in	
which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country)	Contributory Secondary Secondary Secondary Secondary Signed 1915 (Address) CAUSES, State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accedental,
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)	19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State, yrs. mos.
(Informant) (Informant)	Where was disease confracted, if not at place of death?
(Address) Annie Carlo Day (Address) Filed 3 1 , 191 5 Max	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DOLL HICKORY MAN 22., 1912. 20 UNDERTAKER ADDRESS PAR

[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook E yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager." "Dealer." etc., without more mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grovery: (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiof the second statement. know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, applies to each and every person, prespective of tion is very important, so that the relative healthfulespecially in industrial employments, it is necessary to For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question The material worked on may form part Women at home, who are engaged in Never return "Laborer," Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobac pneumonia, Branchopneumonia ("Pneumonia, unqualified, is indefinite); Theoremson of lungs, menin-

genital," on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by birth or miscarriage as "Puerperal soptichuemia," "Puerperal peritonilis," etc. State conse for which on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc, when a definite disease can be ascertained as the "Heart failure," "Harmorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia, chopmenmonia (secondary), 10 ds. cough: ('hronic "Tumor" for malignant neoplasms); Measles: Whooping ges, perilonaeum, etc., Carcinana, Sarcoma, etc., of... "Anaemia" Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless (name origin; "Cancer" "Conia." "Scuile," etc.). (merely symptomatic), "Atrophy." The contributory (secondary or intercurvaleular heart disease; Chronic interstitial "Convulsions," is less definite; avoid use of "Dropsy." carbolic acid-probably State cause for which "Debility" ("Con-Never report mere "Exhaustion." ACCIDENTAL, unportant.



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICJANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

BINDING

FOR

MARGIN RESERVED

PLACE OF DEATH County Allgary Near City Cumberland (No. Allins 2 FULL NAME Thomas On	Outcide of STATE OF MARYLAND City Limicertificate of DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCEO (Write the word) 6 DATE OF BIRTH	16 DATE OF OEATH (Month) (Day) (Year) 17 DI HEREBY CERTIFY, That I aftended deceased from
Seft (Dis) , 1 83.	that I last saw h win alive on Trus 24 th 1915.
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at // A.m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, er particular kind of werk (b) General nature of industry business, er establishment in which employed (or employer)	Sepsis due to Bed Sore following fractured thigh (Duration) yrs. 2 mos. 25 ds.
9 BIRTHPLACE (State or country)	Secondary (Durglion) yrs. mos. ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 1 State or country)	(Signed) SHU luc , M. 0. 3/26 , 191.5 (Address) Culy State the Disease Causing Death, or, in deaths from Violent
C (State or country) 12 MAIOEN NAME OF MOTHER	CAUSES, STRIC (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 4 9	At place of death of tyrsmos ds. State,yrsmos ds.
(Informant) M. Eff Dionifs and	Where was disease contracted, if not at place of death? Former or usual residence
(Address) alms Haces	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAN 16 1915
Filed MAR 26 1915 Max Juston REGISTRAR	Foreis Louis City
If more blanks are weeded, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully the duties, of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more business, that fact may be indicated thus: Farmer (retired employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housemolde factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary forman, etc. But in many cases, cian, Compositor, Architect, Locomotive first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If retired from engineer, Civil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchapneumania ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracuta," "Weakness," Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent Deaths "PUERPERAL perilonilis," birth or miscarringe as "Puerpenal septichaemia, etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic). symptoms or terminal conditions, such as "Asthenia, chopicumania (secondary), 10 ds. Never Example: Measles (disease causing death), 29 ds.; Broucough; Chranic valvular heart disease; Chronic interstitial "Tumer" for malignant neoplasms); Measles; Whooping ges, perdanaeum, etc., Carcinoma, Sarcoma, etc., of rent) affection need not be stated unless (name origin; "Cancer" Always qualify all diseases resulting from child-"Coma," "Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or interent-"Convulsions," "Debility" ("Conote. is less definite; avoid use of carbolic acid-probably State cause for which "Atrophy," report mere ACCIDENTAL, mportant.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is perhanently filed.

APR 3 1915
BUREAU, V.S.

A PERMANENT RECORD WRITE PLAINLY, WITH UNFABING INK-THIS IS MARGIN V. S. No. 1.

BINDING

RESERVED FOR

ment of	Cou	1 PLACE OF DEATH nty Allegacy	STATE OF MARYLAND CERTIFICATE OF DEATH
Exact state	Villa	age or City Crunt of (No. 13. Day	Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
Z o		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
be stated EX operly classifi ficate.	3 SE	Marketo, Married Wildowed OR DIVORCED (Write the word)	16 DATE OF DEATH Mch. (Month) (Day) (Yehr) 17 I HEREBY CERTIFY, That I attended deceased from Feb. 20 ,1915., to Mch. 5 ,1915.
ied. AGE should that it may be pro on back of certif	7 AC	1857 (Month) (Day) (Year) (Year) (Month) (Day) (Year) (Ye	that I last saw him alive on Micho 5, 1915, and that death occurred on the date stated above, at 10 Pm. The CAUSE OF DEATH & was as follows: Or quick Mich Desard
in terms, so instructions	bu w	b) General nature of industry islness, or establishment in hich employed (or employer) IRTHPLACE (State or country)	Contributory Henry
n should be ca DEATH in pla nportant. See	RENTS	10 NAME OF FATHER Thomas Dixson 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) Mas M. J. mos. M. da. (Signed) Mas M. J. mos. M. d. Much. 6 191 (Address) Queut of act Nucl. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Scholdal or Homicipal.
f informatio	PA	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mea. ds. State, yrs. mes. ds. Where was disease contracted, fine tal place of death?
em o		(Informant) 16. Diyson	Former or usual residenca
. B.—Every ite should s OCCUP/	15 FI	(Address) Emularloand 18d. Ned MAR. 6. 19, 191 May Lion REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Fredrick Hod Mich. 8, 191. 5
Z ,		If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be taken to report specifically the occupations of persons wife, Honsework, or At Home, and children, not gainfully state occupation at beginning of illness. or given up on account of the disease causing meating engaged in domestic service for wages, as Servant, Cook, who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager," "Devley," etc., without more precise specification as Day laborer, Form laborer, Laborer mill; (a) Salesman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton the duties of the household only (not paid Housekeepers mobile factory. is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomolive engineer, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation -- Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-(11.11)

Statement of Cause of Beath—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

mus, on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations "Puenperal peritonitis," etc. State cause for which and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, STICHAL, or HOMICIDAL, or as probably such, if impossible cough; Chronic valeular heart disease; Chronic interstition ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) head—homicide; Poisoned by carbolic acid—probably to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent dearns etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock." "Uracmia," "Weakness." genital," "Senile," etc.), lapse," "Coma," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.: Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles: Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver Always qualify all diseases resulting from child-"Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," "Atrophy," ACCIDENTAL, mmond.



S. No. 1.

7

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. 1 ż

RECORD PERMANENT 4 PLAINLY, WITH UNFADING INK-THIS WRITE

302 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH

Registration Dist. No

-Ward)

fif death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIODWED, ORDIVORCEO (Write the word)	(Month) (Day (Year)
8		17 HEREBY CERTIFY, That I attended deceased from
0 5/	June 5 18-41	1915, to 1915,
	(Month) (Day (Year)	that I last saw har alive on Mile 7 6 1917
7 A C	78 yrs mas 24 If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
(a) par	CCUPATION Trade, profession, or ticular kind of work	Marine Manne
busi	General nature of industry, ness, or establishment in ch employed (or employer)	(Duration) yrs mos, ds.
9 BIRTHPLACE (State or country)		Contributory Secondary
S	10 NAME OF FATHER AMEL CANAGE	(Signed) (Signed), M. D.
Z OF FATHER (State or country) 12 MAIDEN NAME		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Δ.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the u1 deathyrs,musds.
	informant)	Where was disease contracted, If not at place of death? Former or usuat residence
15 Flie	(Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	DATE OF BURIAL OR REMOVAL OLD Gray Cemeter March 29, 1915. 20 UNDERTAKER ADDRESS ADDRESS trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

. Housewife, Housework, or At Home, and children, not eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. ming etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie). "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



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[Approved by U. S. Census and American Public Health Association.]

write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman." "Manager." "Dealer," etc., without more precise specification as Day-laborer, Farm laborer, Laborer business, that fact may be indicated thus: Farmer (refired Housemail, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or who receive a definite salary), may be entered as Housemobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi--('oal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the (a) Salesman. (b) Grocery: (a) Foreman. (b) Auto-Compositor, very important, so that the relative healthfulvarious pursnits can be known. The question For persons who have no occupation whatever Women at home, who are engaged in Architect, At home. Care should be Locamolin But in many cases, If retired from engineer. ('ivil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchapheumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull Struck by to determine definitely. Examples: Accidental drowning. "PUERPERAL perilonities." etc. head-homicide; Poisoned SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and quality as surgical operation was undertaken. For violent beaths birth or inscurrage arcause. etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inunition," "Marasgenital," "Senile," symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Colcough: Chronic valeulae heart disease; Chronic interstitial спорнештопи Example: Measles (disease causing death), 29 ds.: rent) affection need not be stated unless nephritis, etc. (name origin; "Caneer" is less definite; avoid use of ges, peritonaeum, etc., ('arcinoma, Sarcoma, etc., of. emia" (merely symptomatic), "Atrophy." "Col" "Coma." "Convulsions." "Debility" ("Con-"Old Age," "Shock." "Uracmia." "Weakness. Always qualify all diseases resulting from childfor malignant neoplasms): Measles: railway train-accident; Revolver (secondary). 10 ds. The contributory (secondary or intercur-11C.). Premient septichnemia," by carbolic acid-probably "Dropsy," State cause for which Never report mere (Recommendations "Exhaustion," ACCIDENTAL, mportant. to puno.n H'hooping



REGISTRAR

1 PLACE OF DEATH

state

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

....Ward)

3420

Ilf death occurred in a hospital or institution. give Its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at ... The CAUSE OF DEATH */ was as follows: (Duration)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State yrs. _

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Consus and American Public Health Association.]

duties of the honsehold only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulwho have no occupation whatever, Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman. (b) thns: If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons only when needed. return "Laborer," write None. As examples: The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation)...using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carein-

aant neoplasms); Measles; Whooping cough; Chronic which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichue "Heart failure." "Haemorrhage." "Inanition," "Maras thenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as etc.. when a definite disease can be ascertained as the mus. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary). 10 ds. Accidental drowning; Struck by railway train-acci ." "Old Age." "Shock," "Uraemia," "Weakness," is less definite; avoid use of 'Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death). 29 ds.; determine definitely. Examples: "Dropsy," "Exhaustion," the head Never report cause for For VIO

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 1 1915 BUREAU, V.S.

1 PLACE OF DEATH STATE OF MARYLAND state Very CERTIFICATE OF DEATH 95 County..... pinode OCCUPATION Registration Dist. No. PHYSICIANS RECORD a hospital or institution. give its NAME Instead ot street and number.] 50 statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 5 SINGLE, CO 16 DATE OF DEATH MARRIED, WIDOWED, BINDING ORDIVORCED (Write the word) (Month) (Day (Year) DATE OF BIRTH classified. 4 (Day (Month) (Year) 2 TAGE It LESS than D and that death occurred on the date stated above, a 0 1 day hrs. THIS The CAUSE OF BEATH * Mas/as follows: sho OR min. ? proper BDCCUPATION AGE (a) Trade, protession, or E UNFADING INK particular kind of work supplied. pe (b) General nature of industry, 6 business, or establishment i may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory that 10 NAME DE FATHER 80 50 ARGIN WITH be back 11 BIRTHPLACE terms. RENTS should DEFATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidenuo 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. DEATH in plain PA OF MOTHER Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE. At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State yrs. ____ mos. Where was disease contracted, WRITE 14 THE ABOVE 19 See tt not at place of death? jo Former or ادا 0 Item usual residence. Important. CAUSE CAUSE DATE OF BURIAL 20 UNDERTAKER ADDRESS v2 0 ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

daties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciness of various parsuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Cool statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term ou the applies to each and every person, irrespective of age (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be Indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mitt; (a) Satesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerreral scritichae cause. Always qualify all diseases resulting from cte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma." "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes affection need not be stated unless important. ratvutar heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. Bronchopneumonia by carbolic acid—probably suicide. The nature of the The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtctanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease eausing death), 29 (secondary), 10 ds. Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1915
BUREAU, V.S.

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[Approved by U. S. Census and Americae Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be welfe, Honsework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Dag laborer, Farm laborer, Laborer "Foreman," of the second statement only when needed. As examples: (a) Spinner, (b) Cotton mobile Jactory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to orgineer, Stationary fireman, etc. first line will be sufficient, c. g., Farmer or Planter, Physirian, Compositor, Architect, applies to each and every person, irrespective -Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the (a) Salesman, (b) Greeery: (a) Foreman, (b) Auto-For persons who have no occupation whatever very important, so that the relative healthfulvarious pursuits can be known. The question nd statement. Never return "Laborer,"
"Manager." "Dealer," etc., without more The material worked on may form part Women at home, who are engaged in Locomolive engineer, But in many cases, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation). using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

cause. on Nonenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as "PUDRPERAL perilonitis," etc. birth or miscarriage as "Prerperal septichaemia, etc., when a definite disease can be ascertained as the to determine definitely. Examples: Accidental drowning. STICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths genital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Hemography," "Inantition," "Maraschopneumonia (secondary), 10 ds. genital," "Senile," etc.). "Anaemia" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valeular heart disease; Chronic interstitual ges, perilonaeum, etc., Careinoma, Sarcoma, etc., of... nephrilis, etc. "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Old Age," by railway "Coma," (merely symptomatie), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurtrain-accident; Revolver wound of "Shock." "Uracmia," "Weakness, State cause for which Never report mere (Recommendations ACCIDENTAL,



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

	PLACE OF DEATH 3020 Only PLACE OF DEATH	Outside of STATE OF MARYLAND Oity Line CERTIFICATE OF DEATH Registration Dist. No.
Villag	ge or City Consultation (No. 1997) and (No. 1997) and Property Consultation (No. 1997) and Consultation (No. 1997)	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH March 19 ,1915 (Month) (Day) (Year)
6 DA	TE OF BIRTH	March 13th, to harch 19, 1915,
7 AG		and that death occurred on the date stated above, at 630 m.
	7 6 yrs. 2 mos. 15 ds. OR min.?	The CAUSE OF DEATH * was as follows:
(a par	CCUPATION 1) Trade, profession, or riticular kind of work 1) General nature of industry siness, or establishment in incide employed (or employer)	Endocardilis (Duration) 4 yis = mos. ds.
	(State or country)	Secondary (Duralion), yrs. mos. b ds
'n	10 NAME OF FATHER YOUNGE TO BE THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL	(Signed) W. A. Horlyes M. O. March 201915 (Address) Celluberland
ARENT	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sticidal or Homeidal.
P.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State,yrs. mos. ds
14 TI	(Informant)	Where was disease contracted, if not at place of death? Former or usual residence
15	(Address) Essal 3 of pass &	19 PLACE OF BORYAL OR REMOVAL DATE OF BURIAL HARRING JULIAN MANNER, 1916
FII	ed 3/2 , 191 5 Max Multity REGISTRAR	35 UNDERTAKER ADDRESS WEIGHT SAME
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed mobile factory. The material worked on may form part is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationory fireman, etc. But in many cases, rian, Compositor. Architect, first line will be sufficient, e. g., Farmer or Plonter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the -('oal mine, etc.; Women at home, who are engaged in Statement of Occupation-Precise statement of oeeupais very important, so that the relative healthfulsecond statement. For persons who have no occupation whatever, as At school or At home. Care should be Never return Locomotive engineer, Civil "Laborer."

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations mus, and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic ocid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning: SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Pleaveral septichormia," etc., when a definite disease can be ascertained as the suivide. "Heart failure," "Haemorrhage." "hamition," "Marasgenital," "Anaemia" symptoms or terminal conditions, such as "Asthenia." chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Browrent) affection need not be stated unless important. nephritis, etc. cough; Chronic vulcular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping (name origin; "Cancer" is less definite; avoid use, of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. "Old Age," "Shoek," "Urnemia," "Weakness Always qualify all diseases resulting from child-"Coma." The nature of the injury, as fracture of skull, "Senile." oma," "Convulsions," "Debility" The contributory (secondary or intercuretc.), "Dropsy," "Exhaustion." ACCIDENTAL, ("Con-4 4



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[Approved by U. S. Census and American Public Health Association.]

precise, specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more the duties of the household only (not paid Housekeepers state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housebusiness, that fact may be indicated thus: Farmer (retired mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Callon business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locamotive first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from engineer, Ciril (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid pneumonia"); Labar pneumania, Branchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tdanus) may be stated lapse," suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or nomCIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL "Puerperal peritonities," etc. to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Heart failure." "Hemorrhage." "Impsy," "Exhaustion." "Heart failure." "Hemorrhage." "hanition," "Marasmus," "Old Age," "Shock." "Uracmia." "W.-1 "Antemia" symptoms or terminal conditions, such as "Asthenia," еноригизиония Example: Meastes (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. cough: Chronic "Tumor" for malignant neoplasms); Measles; Whaoping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-"Coma." (merely symptomatic), "Atrophy," "Col-ma," "Convulsions," "Debility" ("Con-(secondary), 10 ds. The contributory (secondary or intercurvaleular heart disease; Chronic interstition "Puenperal septichaemia," State cause for which Never report mere important.



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-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD V WRITE PLAINLY, WITH UNFADING INK-THIS IS

DEACE OF DEATH	4343	1	STATE OF MARYLAN	D
allegany		(2)	CERTIFICATE OF DEA	TH
1 //		,/	Registration Dist. No)

	untallegany 454	CERTIFICATE OF	F DFATH
Co	unt Mugary	Registration Dis	
	1. 11 m	1/ / Registration Dis	. N9
Will	FULL Nationalure daughter	Mrs Eliz Frankenberg	[If death occurred la a hospital or Institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3,51	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 3	// ,1915 (Day (Year)
6 D/	ATE OF BIRTH 2 3 // 1916	17 I HEREBY CERTIFY, That I	
TAC	(Month) (Day (Kear) GE Deadboon If LESS than 1 day,hrs. YES	and that death occurred on the date stated The CAUSE OF DEATH* was as follows:	, , , , , , , , , , , , , , , , , , , ,
(a) par (b) busi	CCUPATION Trade, profession, or floular kind of work	Chemaline but	yrs. mos ds.
9 B1	10 NAME OF HATH HATHER HATH	Contributory Secondary (Signed) (Signed)	Oyrs mes ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, Causes, state (1) Means of Injury; an Tal, Suicidal, or Homicidal.	
b/	13 BIRTHPLACE OF MOTHER (State or country) Mayland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State	
	Intermant)	Where was disease contracted, If not at place of death? Former or usual residence	
15	(Address)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
File	d,191REGISTMAR	20 UNDERTAKER	ADDRESS
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[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; who have no oecnpation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as biline, etc. Women at home, who are engaged in the material worked on may form part of the second Groccey; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthecia (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "Purmeral peritonitis," etc. State canse for "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asuntural reart discuse; Chronic interstitial nephritis, cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of sknll, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaceause. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Brouchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less defiuite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Mcaslcs "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhanstion," Never report For vio-



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH N. B.-

County Degety S	STATE OF MAR CERTIFICATE OF Registration Dist.	DEATH
Village or City Welling (No. 1974)	St.; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
MARRIED, WIOOWEO, ORDIVORCEO ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month)	75 ,1915- (Day (Year)
6 DATE OF BIRTH 3 25 19/5- (Month) (Day (Year)	17 I HEREBY CERTIFY, That I among the state of the state	, [91
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated a The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Still 3	ýrs. / f. mos. ds.
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country)	State the Disease Causing Death, or, is Causes, state (1) Means of Injury; and Tal, Suignal, or Homicidal. 18 Length of Residence (for Hospitals, it or Recent Residents) At place in the of death yrs. mos. ds. State	(2) Whether Acciden-
(Informant) (Address) (Address)	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL	
Flor 16429 1915 hal I Dorte 14	20	ADDRESS

1f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

dication as Day laborer, Farm laborer, Laborer-Coal duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial cuployments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b)For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame orlgin; "Canmia," "Puerreral peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (discase eausing death), 29 ds.; affection need not be saided unless important. cause of death approved by Committee on Nomencla. "Contributory." scpsis, tetanus) injury, as fracture of skull, and cousequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS STATE MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the Bronchopneumonia ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent,) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (secondary), 10 ds. Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

Coun		STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Villag	go or City Cullerland (No. 46, 1) 2 FULL NAME Ellen Hall	St.; Ward) [If death occurred a hospital or institution give its NAME instead of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jose S	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH PROVIDE AND (Month) (Year)
6 DA	TE OF BIRTH (Month) (Day)	that I last saw h I alive on March, 1916, 191
7 AG	E If LESS than 1 day, hrs. or min. ?	The CAUSE OF DEATH * was as follows:
(a par	Trade, profession, nr ticular kind of work	Druffill Tracuse
bus) General nature of Industry siness, or establishment in	(Ouration) yrs. 6 mos.
	RTHPLACE (State or country)	Contributory and a Complete in Manual Contributory Candle Contributory Vis. 1 most 9
	10 NAME OF Parmel Scott	(Signed) Junglau Spanie, m. d.
ENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidental Surplat or Homicioal.
PAR	OF MOTHER /1	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs. mos. ds. State, yrs. mos.
E COMMITTEE OF THE PARTY OF THE	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not al place of deeth ?
	(Informant) July Suchell	usual residence
	(Address) He august St.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Angular and Demoder Thick 22, 191

[Approved by U. S. Census and American Public Health Association.]

precise specification as Day laborer, Farm laborer, Laborer write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework; or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Coltan mobile factory. The material werked on may form part business or industry, and therefore an additional hic especially in industrial employments, it is necessary to cian, Compositor, Architect, is pravided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the engineer. Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the (a) Salesman, (b) Grocery; (a) Foreman, (b) Antovery important, so that the relative healthful-For persons who have no occupation whatever, various pursuits can be known. The question Women at home, who are engaged in Locomotive engineer. If retired from

Statement of Cause of Death—Name, first, the dispasse causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") muqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head—homicide; Poisoned by carbolic acid—probably Struck by railway train—accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerpenal septichocmia, "Puerpenal peritonitis," etc. State cause for whic cause. etc., when a definite disease can be ascertained as the genital," "Senile." genital," "Senile." etc.), "Dropsy." "Exhaustion." "Heart failure," "Hacmorrhage." "Inantition," "Marassymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Meastes (disease causing death), 29 ds.; mptritis, etc. "Timor" for malignant neeplasms); Measles: Whooping ges, perilonaeum, etc., Carcinoma, Narcoma, etc., of "Antenia" rent) affection need not be stated unless important. cough; Chronic valrular heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Old Age," "Coma." (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory secondary or intercur-"Shock," "Uracmia," "Weakness State cause for which Bron-



Coun	go or City eumberland (3)	STATE OF MACERTIFICATE OF Registration Dis	F DEATH
	2 FULL NAME & COLIF KIN	Hanswill	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE C	F DEATH
3 SE	MARRIED	(Month)	(Day) (Year)
7 AG	yrs. mos. ds. OR min.?	that I last saw h. a slive on	, 191.3, 191.5, ated above, at 8.4 m.
par (b bus wh	OCUPATION 1) Trade, profession, or ricular kind of work 1) General nature of industry siness, or establishment in hich employed (or employer) BETHPLACE (State or country)	Contributory Secondary (Ouration)	yrs mos ds.
PARENTS	10 NAME OF FATHER AND ANAWALY 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER AND ANALLY	(Signed) , 191	(2) whether Accidental,
14 TI	HE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place of deeth yrs. mosds. State Where was disease contracted, if not at place of death?	,yrsmosds,
15 File	REGISTRAR	19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ARENTO	DATE OF BURIAL 3/18 1915
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1	•

[Approved by U. S. Gensus and American Public Health Association.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No If death occurred in hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Thay (Year) (Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH* OR 7 mos. uguradan BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 B!RTHPLACE Contributory Secondary (State or country 10 NAME OF FATHER (Signed)() S 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in death, from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death (State or country) _____ yrs. ____ mos. ___ _ ds. State ... yrs. ____ mos. __ Where was disease contracted. 14 THE ABOVE IS TRUE MY KNOWLEDGE if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 UNDERTAKE REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

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STATE OF MARYLAND CE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. Ilf death occurred la St .: Ward) (No a haspital or institution. give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVERGED (Write the word) (Month) (I)av (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at t dayhrs. OR min. ? 8 OCCUPATION

(a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE At place OF MOTHER (State or country)

MY KNOWLEDGE

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Address)

At place In the of death yrs, mos. ds. State yrs, mos. ds

Where was disease contracted, It not at place of death?

Former or

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SO UNDERTAKER	/

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

usual residence.

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cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g.. Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulthe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) it should be used only when needed. additional line is provided for the latter statement; (a) Spinner, (b) Cotton mill; (a) Salesman, "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The dnties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Statement of occupation-Preeise statement of oeeupashould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease eated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

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oma, Sarcoma, etc., of..... (name origin; "Cannant neoplasms); Measles; Whooping cough; Chronic calvular heart disease; Chronic interstitial nephritis, genital." affection need not be stated unless important. thenia." "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Hacmorrhage," "lnanition," "Marassuch, if impossible to determine definitely. Examples: Accidental, suicidal, or momicidal, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) cause of death approved by Committee on Nomenclais less definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) Measles (disease cansing death). 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



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Instructions

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in -Ward) a hospital or institution give its NAME Instead ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOB OB RACE 5 SINGLE. MARRIED. WIDOWED, (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH , 191 to that I last saw h..... alive on..... (Month) (Dav (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day, hrs. OR nin. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) Contributory

BIRTHPLACE (State or country 10 NAME OF FATHER S 11 BIRTHPLACE ARENT **OF FATHER** (State or country 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE

OF MOTHER

(State or country)

1915 C. a. & Pa

*State the DISEASE CAUSING DEATH, or. In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

OR RECENT RESIDENTS) Af place In the of death _____ yrs. ___ mos. ___ ds. State

Where was disease contracted. It not at place of death?

Former or usual residence.

19 PLACE OF BURIAL

20 UNDERTAKER

DATE OF BURIAL

(Year)

ADDRESS

lf more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal eated thus: Farmer (retired 6 yes.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dulies of the household only (not puld Housekeepers minc, etc. 'Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman. (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women, at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic scpsis, tetanus) may be stated under the head Accidental drowning; Struck by railray train-accisuell, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERFERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma." thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver around of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and quality as ete., when a definite disease can be ascertained as the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Semile," etc.), (Recommendations on statement of "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

PLACE OF DEATH County Sillage or City Stand (No.48), M.S. 2 FULL NAME	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED SIMPLE WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Mch (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
Month May 19 6 Month May Month May Month	that I last saw he alive on Man, 1915, and that death occurred on the date stated above, at 50 m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or empleyer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Buration) yrs. mos. ds.
OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER	(Signed) , M. 0. Mch 23 , 1815 (Address Ound Edland, Paul *State the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residents) At place In the
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Outlier States) (Address) (Outlier States) (Outlier Stat	of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usuel residence 19 PLACE OF BURIAL OR REMOVAL ACCUMPANTAKES DESCRIPTION ADDRESS
REGISTRAR If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V.S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully write None. Housemaid, etc. If the occupation has been changed who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of age first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever Women at home, who are engaged in (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head—homicide; Poisoned by carbolic acid—probably to determine definitely. Examples: Accidental drawning; SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puemperal septicharmia, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital." "Senile," etc.). "Dropsy," "Exhaustion." "Heart failure," "Haemorrhage." "Inantition." "Marasgenital." "Senile," etc.). chapucumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anaemia" Example: Measles (discuse causing death). 29 ds.: rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Tumor" for malignant neoplasms); Measles: Whicoping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound of "Old Age," "Shock." "Coma," (merely symptomatic), "Atrophy." "Convulsions." "Debility" ("Con-"Uramia," "Weakness," State cause for which



V. S. No. 1.

RECORD PERMANENT 4 UNFADING INK-THIS PLAINLY, WITH

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See Instructions on back of certificate. CAUSE OF Important. m ż

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-St.;----Ward)

[If death occurred fa a hospital or Institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HANDUTI HALL ORDIVORCED	16 DATE OF DEATH / Lot / NOW 1913 (Month (Day (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH	191, to
(Month) (Day (Year)	that I last saw halive on
7 AGE ff LESS that	and that death occurred on the date stated above, atm.
t day,hrs	
	THE CAUSE OF BEATH Was as follows:
BOCCUPATION	
(a) Trade, profession, or	Jour Jawe
particular kind of work	494494444
(b) Beneral nature of industry, business, or establishment in	
which employed (or amployer)	Ouration)yrsmosds.
BIRTHPLACE (State or country)	Gontributory
110	(Duration) yrs mos ds.
10 NAME OF POBERT Simelwigh	(Signed) (), M. O.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MAIDEN NAME MAIDEN NA	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER MNa Numberly	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSFERS
13 BIRTHPLACE OF MOTHER	or RECENT RESIDENTS) At place in the
(State or country)	of death yrs mos ds. State yrs mos ds Where was disease contracted,
14 THE ABOVE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Interment) Mina Vimeling II	Former or
(1111011114211)	usual residence
(Address) bekhart //29	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	- Un yayd /lef 23.5
	20 UNDERTAKER
Filed, 191	ADDRESS
REGISTRAR	1 WVC

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day taborer, Farm taborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton milt; (a) Satesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the As cxamples:

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1 PLACE OF DEATH should PHYSICIANS shot statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATHA MARRIED. WIDOWED. ORDIVORCED Exact DATE OF BIRTH classified. pe (Month) (Day (Year) / TAGE if LESS than should 1 day,....hrs. OR mln. ? mos properly BOCCUPATION AG (a) Trade, protession, or particular kind of work supplied. pe (b) General nature of industry, business, or establishment in Desmens which employed (or employer) may certificate. Contributory 9 BIRTHPLACE (State or country) 1 Secondary that 10 NAME OF FATHER (Signed) 80 of o pe back S 11 BIRTHPLACE terms. ARENT OFFATHER (State or country 12 MAIDEN NAME plain Instructions OF MOTHER 0 OR RECENT RESIDENTS) 2 13 BIRTHPLACE At place OF MOTHER (State or country of death yrs. mos. .. DEATH __ ds. Where was disease contracted, 14 THE ABOVE IS TRUE TO THE It not at place of death? O Former or 10 Item usual residence. Important. ш 19 PLACE OF BURIAL OR REMOVAL (Address) Every 15 20 UNDERTAKEN 80

REGISTRAR

more blanks are needed, address State Registrot, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

3030 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

eath occurred in a hospital or institution, give its NAME Instead of street and nomber.]

MEDICAL CERTIFICATE OF DEATH (Month) (Day (Year) CERTIFY, That I attended and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows: *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, io the State _____yrs, ____ DATE OF BURIAL ADDRESS

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as mine, etc. cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," As examples: The question "Foreman,"

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[Approved by U. S. Census and American Public Health Association.]

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STATE OF MARYLAND 1 PLACE OF DEATH () to PHYSICIAN st statement Z CERTIFICATE OF DEATH Registration Dist. No. Lif death occurred in St.:..... Ward) (No. a hospital or institution, EXACTLY. P give its NAME instead of street and number. ² FULL NAME RECORD classified. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE stated MARRIEO. PERMANENT WIDDWED (Day) OR OIVORCED 7 be properly certificate. (Write the word CERTIFY. That I attended deceased from 6 DATE OF BIRTH hould alive on (Month) 90 If LESS than and that death occurred on the date stated above, at ay 7 AGE S ш 1 day, hrs. OK The CAUSE OF DEATH & was as follows: E AG min.? THIS mos. 40 pa Yrs. upplied. that 8 OCCUPATION (a) Trade, profession, or instructions particular kind of work INK (b) General nature of industry fully su business, or establishment in which employed (or employer Contributory 9 BIRTHPLACE 2 (State or country) a la i (Buralion) See 10 NAME OF (Signed) 2 5 FATHER TH in important. , 191 5 (Address) 11 BIRTHPLACE -*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT OF FATHER d Z (State or country) Causes, state (1) Means of Injury; and (2) whether Accidental, N P SUICIDAL OF HOMICIDAL. 50 Œ 12 MAIDEN NAME 0 L. d OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS E OF Very OR RECENT RESIDENTS 13 BIRTHPLACE AUSE N is ve OF MOTHER (State or country State, yrs. mos. ds. of deathyrs. mos.ds. WRITI Where was disease contracted, Every item of inshould state CAI 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not al piace of doath? Former or usuai residence OATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL MON 1., 191-7... 15 20 UNDERTAKER ADDRESS 0 REGISTRAR ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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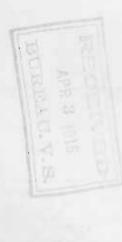
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[Approved by U. S. Census and American Public Health Association.]

precise specification as Day laborer, Farm laborer, Laborer taken to report specifically the occupations of persons state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Ecaler," etc., without more business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, who receive a definite salary), may be entered as Houseof the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil applies to each and every person, irrespective of age. ness of various pursuits can be known. The question is provided for the latter statement; it should be used first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the -(oal mine, etc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

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1 PLACE OF DEATH STATE OF MARYLAND Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No... If death occurred la Ward) a hospital or institution, give Its NAME Instead ot street and number.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH 4 COLOB OR RACE MARRIEO. WIDOWED. (Day ORDIVORCED (Month) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 191 to (Month) (Day (Year) TAGE If LESS than t day, hrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE Contributor (State or country) 10 NAME OF FATHER 10 back S 11 BIRTHPUACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT 0.0 CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the of death _____ yrs. ____ mos. ____ ds. State _____ yrs._ Where was disease contracted. 14 THE ABOVETS TRUE TO THE OF MY KNOWLEDGE If not at place of death? Former or Every Item CAUSE OF Important. usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: The

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1 PLACE OF DEATH

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County

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in Ward) a hespital or institution. give its NAME instead of street and number. MEDICAL CERTIFICATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental.,

In the State,yrs. mee.

DATE OF BURIAL

ADDRESS

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[Approved by U. S. Census and American Public Health Association.

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1 PLACE OF DEATH

13 BIRTHPLACE OF MOTHER (State or country)

March 10

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THE ABOVE IS TRUE TO THE

STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist, No.
Village or City Curhuland (No. 154, John Edward loves FULL NAME	Redenich ST St.; Ward) [If death occurred la a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVERSED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
March (Month) (Day (Year)	that I last saw h alive on 191
7 AGE It LESS than f day,hrs ORmin. ?	and that death occurred on the date stated above at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	Smothered & death
which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Thomas Trinks	(Signed) Was Us - Health Office to
11 BIRTHPLACE OF FATHER (State or country) Ovacoving Md	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER	CAUSES. State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

At place	in the	
of death yrs mos ds	. State yrs mos	Ē
Where was disease contracted.		Ī
If not at place of death?		
Former or		

usual residence. 19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL ADDRESS

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KNOWLEDGE

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[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in ...Ward) a hospital or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 18 DATE OF DEATH 5 SINGLE. WIDOWED, Marrie MARRIEO, (Month) (Write the word) (Day I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than f dayhrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General neture of Industry. business, ur establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Ouration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER At place In the (State or countr of death Stete _____ yrs, ____ _____ yrs. ____ mos. ___ _ ds. Where was disease contracted. If not at place of deeth? Former or usuel residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age material worked ou may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. first live will be sufficient, c. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, But in many (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerperal valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e.g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from ctc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. State cause for Measles (disease causing death), 29 ds.; "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of scptichac-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1915 BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCIDATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED V. S. No. 1.

CERTIFICATE OF DEATH Registration Dirt. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Mor 77 (Month) Day (Year)
Thereby CERTIFY, That I attended deceased from The state of the state
and that death occurred on the date stated above, at 10/m The CAUSE OF DEATH * was as follows: (an len of meast
Contributory Laurey Secondary (Signed) (Ourafion) yrs. mos. d (Ourafion) yrs. mos. d
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 Length of Residence (For Hospitals, Institutions, Transients or Recent Residents)
At place In the of death yrs. mos. ds. State, yrs. mos. d Where was disease contracted, if not at place of death? Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL NEAR 1915

[Approved by U. S. Census and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as 'At school or At home. Care should be Housenaid, etc. If the occupation has been changed who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Forement," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Growing; (a) Foreman, ordy when needed. As examples: is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, business or industry, and ciun, Compositor, Architect, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupanany occupations a single word or term on the very important, For persons who have no occupation whatever various persuits can be known. The question so that the relative healthfultherefore an additional line Locomotive (a) Spinner, (b) Collon If retired from engineer, (b) Audo-

unqualified, is indefinite); Tuberculosis of lungs, menintime and causation), using always the same accepted spinal mg ingitis"); Diphtheria (avoid use of "Croup"); ferer (the only definite synonym is "Epidemic cerebro-CAUSING DEATH (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE for the same disease. pucumonia, Jever (never report "Typloid rer report "Typloid pneumonia");

Brouchopneumonia ("Pneumonia," Examples: Cerebrospinal

> on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, OF as probably such, if indpossible state MEANS OF INJI'RY and qualify as surgical operation was andertaken. For violent deaths gerotal," "Senile," etc.), "Dropsy." "Exhaustion," "Heart failure," "Hemorrhage," "Inaution," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness." to determine definitely. Examples: Accidental drowning; birth or misecringe as "Publiperal "Publiperal peritonities," etc. State on Cause. "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.: Bronrent) affection need not be stated unless nephritis, etc. cough: ('hronic "Tamor" for malignant neoplasms); Measles: Illhooping (mone origin; "Cancer" is less definite; avoid use of ges, perilonaeum. etc., Carcinoma, Sarcoma, etc., of when a definite disease can be ascertained as the by railway train-accident; Revolver wound af Always qualify all diseases resulting from child-The nature of the injury, as feacture of skull The contributory (secondary or interentvalentar heart disease; Chronic interstitial State cause for which Never report mere sa ptichaa mia," ACCIDENTAL, inquortant.

tions answered in detail, it will prevent further correspondence. All the data is essential and nost be obtained before If this certificate is looked over thoroughly and all ques-

the certificate is permanently filed.



RECORD PERMANENT FADING

PHYSICIANS should of OCCUPATION IS statement Cla proper 0 Inddna certificate. Jo back plain Instructions of Inford PP Item mportant. Every It m ż

STATE OF MARYLAND CERTIFICATE OF Registration Dist. No. Ilf death occurred is a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOROR RACE S SINGLE. 16 DATE OF DEATH MARRIED, Mas WIDOWED. (Month) ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) TAGE If LESS than and that death occurred on the date stated above, at 050 a.m. 1 day,....hrs. OR. min. ? .mos.ds. BOCCUPATION (a) Trade, profession, of Poarticular kind of work (b) General nature of industry, business, or establishment in (Buration) which employed (or employer) -----9 BIRTHPLACE Contributory (State or country Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or count *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country OF MY KNOWLEDGE If not at place of death? usual residence REMOVAL DATE OF BURIAL 15 UNDERTAKER ADDRESS REGISTRAR If more blanks are newled, address State Registrar, o E. Franklin St., Balto., Requesting V. S/No.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (relired 6 yrs.) For persons should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planler, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perilonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "l'Uerreral peritonitis," etc. State cause for childbirth or misearriage as "Puerrenal septiehaecte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstilial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclalnjury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from



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[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Cool naine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers state occupation at beginning of illness. If retired from precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman. (b) Grosery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer. Stationary fireman, etc. But in many eners, cian, Compositor, first line will be sufficient, e. g., Farmer or Phanter, Physiapplies to each and every person, irrespective of ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Architect, Locomotive Never return engineer, "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, Idanus) may be stated genital," "Senile," etc.), "Pro"
"Heart failure," "Hemorrhage." head—homicide; Poisoned by carbolic acid—probably to determine definitely. Examples: Accidental drowning; Struck by rathway train—accident; Revolver wound of SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Anaemia" symptoms or terminal conditions, such as "Asthenia." chopacumonia Example: Measles (disease causing death), 29 ds.; rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valendar heart disease; Chronic interstitud "Tumer" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonarum, etc., Carcinoma, Sorcoma, etc., of. "Old Age," "Shock," Always qualify all diseases resulting from childiia" (merely symptomatic), "Atrophy," "Col-"Coma," "Convulsions," "Debility" ("Con-The nature of the injury, as fracture of skull, (secondary), 10 ds. Never report mere The contributory (secondary or intercur-"Dropsy," "Uraemia," "Weakness, "luanition," "Maras-"Exhaustion." ACCIDENTAL,



EXACTLY. PHYSICIANS sified. Exact statement of RECORD classified PERSONAL AND STATISTICAL PARTICULARS S SINGLE, MARRIED, WIDOWED 3 SEX 4 COLOR OR RACE stated PERMANENT BINDING OR DIVORCED r Z be properly certificate. pe OF BIRTH pino pe Sh Ø If LESS fhan t it may be back of 7 AGE OR C 1 day, hrs. _min. ? THIS d .. mos that 8 OCCUPATION 0 supplied (a) Trade, profession, or ESERVED instructions INK particular kind of work (b) General nature of Industry business, or establishment in UNFADING carefully which employed (or employer 9 BIRTHPLACE plain See in (State or country) Œ 10 NAME OF 0 FATHER 2 WITH -0 DEATH in MARGIN Every item of information should should state CAUSE OF DEATH I OCCUPATION is very important. S 11 BIRTHPLACE OF FATHER ER (State or country) PLAINLY, PAR 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER WRITE (State or country 14 THE ABOVE IS TRUE (Address) 15 m REGISTRAR ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

3.14 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death occurred in a hospital or Institution, give its NAME instead of street and number.

MEDICAL CERTIFICATE OF DEATH

S DATE OF DEATH	moh.	10	.191
	(Month)	(Day)	(Year)
HEREBY CERTIF	f, to mid		sed from
hat I last saw h			, 1914
and that death occurred o	n the date stat	ed above, a	199 m.
Organia Nes	was as follows		
Contributory Secondary	A	yrs. 7/2m	·····
Signed)		hope I	os. ds.
*State the DISEASE CAU CAUSES, state (1) MEANS C SUICIDAL OF HOMICIDAL.	ISING DEATH, or, i of Injury; and (2)	n deaths from) whether Acc	VIOLENT IDENTAL,
B LENGTH OF RESIDENCE (1 OR RECENT RESIDENTS) At place of deathyrsmos Where was disease contracted, If not at place of death?	In the	yrs,	
Former or usual residence			
PLACE OF BURIAL OR RE	r Va	MARCA	RIAL
20 UNDERTAKER	1.	ADDRESS	
Faire. X	love	Cele	

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be the duttes of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Bealer," etc., without more write None. state occupation at beginning of illness. or given up on account of the disease causing death, mobile factory. The material worked on may form part mill; (a) Salesman, (b) Growery; (a) Foreman, (b) Autoonly when needed. As examples: is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Campositor, Architect, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of For many occupations a single word or term on the Statement of Occupation-Precise statement of occupaof various pursuits can be known. The question is very important, so that the relative healthful-For persons who have no occupation whatever, Locomotive engineer. Civil (a) Spinner, (b) Cotton But in many cases, If retired from

Statement of Cause of Death—Name, first, the disease causing death—in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Labor pneumonia, Bronchopucumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "He-morrhage," "Inanition," "Marason Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull, head -homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal perilonilis." etc. birth or miscarriage as "Plerperal septicharmia," etc., when a definite disease can be ascertained as the "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopmenmonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; rent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valudar heart disease; Chronic interstibial "Tumor" for malignant neoplasms); Measles: (name origin; "Caneer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Old Age," by railway train-accident: Revolver wound of Always qualify all diseases resulting from child-"Coma," (merely symptomatic), "Atrophy." "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Shock." "Uracmia," "Weakness, State cause for which Never report mere (Recommendations 11 hooping

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N. B.

1 PLACE OF DEATH	3040 STATE OF MAR	RYLAND
county allegeny	CERTIFICATE OF	F DEATH
1111	Registration Dis	t, No
Village or City JWE Way To	emell	[It death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	FDEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 3 (Month)	(Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I	
(Month) (Day (Year)	that I last saw halive on	
7 AGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated The CAUSE OF DEATH* was as follows:	above, atm.
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory July	pyrs. Inds ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF COUNTRY OF MOTHER OF MOTHER OF COUNTRY OF MOTHER OT MOTHER OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOTHER OF MOTHER OT MOT	(Signed) (Signed) (Signed) (Signed) (Address) (Address) (CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL	in deaths from Violent d (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country) Mel May (a	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) At place In the	
(Interment) Company Company (Interment)	If not at place of death?————————————————————————————————————	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
(Address) Tinthing (1)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed Child 1915 2 12 Gillery REGISTIAR	20 UNDERTAKER	ADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Frankliu St., Balto., Requesting V. S.	No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the honsehold only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a defiuite salary), may be entered as "Manager,", "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Forenan," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kinds of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salcsman, As examples: (3)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. rubular heart disease; Chronic interstitiat nephritis, oma, Sarcoma, etc., of...... (name origin; "Canschsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shoek," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "hauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (Recommendatious on statement of (disease causing death), 29 ds.;



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precise specification as Day laborer, Furm laborer, Laborer or given up on account of the DISEASE CAUSING DEATH. engaged in domestic service for wages, as Screaut, Cook write None. business, that fact may be indicated thus: Farmer (refined state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more mobile factory. The insterial worked on may form part mill; (a) Salesman, (b) Greeery: (a) Foreman, (b) Antoonly when needed. As examples: (a) Spinner, (b) Collon applies to each and every person, irrespective of age. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositar, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc.'- Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. very important, so that the relative healthful-For persons who have no occupation whatever, At home. Care should be Never return "Laborer." Locomolire engineer, Civil If retired from

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopueumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations mus, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tdanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Pleaperal perilonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the "Heart failure," "Hemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), lapse," "Coma," "Convulsions," symptoms or terminal conditions, such as "Asthenia. chopmeumonia (secondary), 10 ds. Never report mere Example: Meastes (discuss causing death), 29 de.; Bronnephrilis, etc. cough; Chronic valvular heart disease; Chranic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinonia, Sarcoma, etc., of ... rent) affection need not be stated unless important. " "Old Age," "Shock," "Uracmia," "Weakness. Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or interent-"Dropsy," "Debility" ("Con-"Atrophy," "Exhaustion,



of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PERMANENT BINDING 4 S FOR UNFADING INK-THIS RESERVED MARGIN PLAINLY, WITH WRITE CAUSE OF

Important.

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No. 1.

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PLACE OF BEATH County. Village or City

31100 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.Ward)

[If death occurred in a hospital or institution, give its NAME instead

	FULL NAME	ause -	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
35	4 COLOR OF RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month)	(Day (Year)
6	ATE OF BIRTH (Month) (Day (Year)	that I last saw halive on	, 191,
TA	GE (1747) (1747) (1747)	and that death occurred on the date state The CAUSE OF DEATH* was as follows:	d above, atm
D(b bu wi	articular kind of work) General nature of industry, siness, or establishment in nich employed (or employer) IRTHPLACE (State or country) 10 NAME OF	1/1/1/1/1/1	ge - Rirth yrs. mos. ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, c Causes, state (1) Means of Injury;	or, in deaths from Violent and (2) whether Acciden-
۵.	13 BIRTHPLACE OF MOTHER (State or country)		s, Institutions, Transients,
14	(Informant)	Where was disease contracted, if not at place of death?————————————————————————————————————	
15	Med 3h 5 P. A Charact	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
977	the contract that the contract to the contract to	- UNDERIAKER	ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Colton mill; (a) Salcsman, (a) the kind of work and also (b) return "Laborer," "Foreman," the second

Statement of cause of death—Name, first, the Disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

mia," "Puenreral peritonilis," etc. childbirth or miscarriage as "Puerreral seplichaeetc., when a definite disease can be ascertained as the ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla. deal; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS STATE MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not be stated nnless important. ture of the American Medical Association.) "Contributory." scpsis, telanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia is less definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary), 10 ds. Never report State cause for "Exhanstion," For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK -THIS IS FOR RESERVED MARGIN V. S. No. 1.

Cour	nty Allegarm	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No.
Villa	2 FULL NAME LICENS	Maduson St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male & COLOR OR RACE 5 SINGLE, MIRRIED, MISSONED Strange	16 OATE OF OEATH March 12, 1913 (Month) (Day) (Year)
6 04	RTE OF BIRTH MAN 12 1915	HEREBY CERTIFY, That I attended deceased from MAN 12, 1915, 1915,
7 AG	(Month) (Day) (Year) If LESS than	that I last saw here on full 2, 191 3, and that death occurred on the days stated above, at 04 m.
	yrs mos ds OR min.?	The CAUSE OF DEATH & was as follows:
(8	CCUPATION a) Trade, profession, or ricular kind of work	Still barn
Du pa	o) General nature of Industry siness, or establishment in nich employed (or employer)	(Duration) yrs, mos. ds.
	IRTHPLACE (State or country) Ind.	Contributory Acceleutal fall
/0	10 NAME OF Thomas Krietzlung	(Signed) (Burelion) J. yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country) Manyland		*State the disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
PARENT	12 MAIDEN NAME OF MOTHER Jane Graller	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Man Land	OR RECENT RESIDENTS) At place of deathyrs,mos,ds, State,yrs,mos, ds.
14 T	(Informant)	Where was disease contracted, if not et piece of deeth? Former or usual residence
	(Address) In Umberland Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fil		20 UNDERTAKER ADORESS
-	REGISTRAR If more blanks are needed, address State Registrar,	16 W. Arratoga St., Balto, Requesting V. S. No. 1.
	at more spinished the necessary addition where the great my	

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the disease carsing death, write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Honsethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoespecially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line **know** (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer." If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fuer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronzhopneumonia ("Pneumonia," Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated mus, suicide. The nature of the injury, as fracture of skull, Struck by railway train—accident; Revober wound of head—homicide; Poisoned by carbolic neid—probably STICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: Accidental drowsing: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonilis." cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the lapse," "Coma," "Convulsions." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inantition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions." "Debility" ("Consymptoms or terminal conditions, such as "Asthenia." chopneumonio (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Brmrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping " "Old Age," "Shock," "Uracmia," "Weakness. or miscarriage as "Pueppenal septicharmia, The contributory (secondary or intercuretc. State cause for which carbolic acid-probably A



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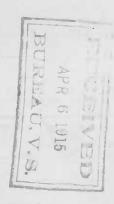
STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [it death occurred inWard) a hospital or institution, give its NAME Instead of street and number.] a 2FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 18 DATE OF DEATH 4 COLOR OR RACE MARRED. WIDOWED, ORDIVOLCED I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 dayhrs. OR min. ? 8 OCCUPATION 🐧 a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in (Duratien which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) (Buration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs, ____ Where was disease contracted. 14 THE ABOVE IS TRUE OF MY KNOWLEDGE It not at place of death? Former or usual residence... 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 16 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons eugaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. essary to know (a) the kiud of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer." Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foremau,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia." unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichuc mus," "Old Age." "Shock," "Uraemia," "Weakness," thenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As valvulur heart disease; Chronic interstitial nephritisnaut neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably TENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. genital." "Collapse." "Coma," "Convulsions." "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Seuile," etc.), Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report cause for



1 PLACE OF DEATH STATE OF MARYLAND 50 SICIAN statement CERTIFICATE OF DEATH County Registration Dist. No. ... PHY If death occurred in Village or City Ward) EXACTLY. P a hospital or Institution, give its NAME instead of street and number.] RECORD assified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE stated MARRIED. PERMANENT WIDOWED 7 OR DIVORCED 7 certificate bei 6 DATE OF BIRTH pro (Day) 0 Ď D. 7 AGE If LESS than occurred on the date stated above, at/ ay ш 1 day, hrs CK Ε U min.? d -0.0 pad OCCUPATION tha pplied 0 (a) Trade, profession, or u.S Z 0 W 0 (b). General nature of industry ns fully su terms, ucti business, or establishment in UNFADING which employed (or employer) instr Contributory 9 BIRTHPLACE (State or country) 5 ca (C) 0 Se 10 NAME OF FATHER Ö 2 onld DEATH i S 11 BIRTHPLACE OF FATHER *State the DISEASE CALSING DEATH, or, in deaths from VIOLENT Z (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, PLAINLY SPICIDAL OF HOMICIDAL. 0 œ 12 MAIDEN NAME E d OF MOTHER ati 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 > OR RECENT RESIDENTS Еш SE 13 BIRTHPLACE In the At place infor OF MOTHER of death mos.ds. State, yrs. mos. ds.yrs. ⊃ .º (State or country) WRIT Where was disease contracted, Z 14 THE ABOVE IS TRUE TO THE O D. if not at place of death? state C Former or usual residence Every it 19 PLACE OF BURIA DATE OF BURIAL 3., 191.0 20 UNDERTAKER ADDRESS 00 Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDIN

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, tuken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Labour mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Cail first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, very important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in Never return "Lahorer." If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of hungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shack," "Uracmia," "Weakness." head-homicide; Poisoned Struck by railway train—accident; Revolver to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy,
"Convulsions," "Debility" ("Conchopmeumonia (secondary), 10 ds. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.: Branrent) affection need not be stated unless "Tumor" for malignant neoplasms); Measlas. Whooping MEANS OF INJURY and qualify as Always qualify all diseases resulting from child-"Senile," etc.), "Dropsy," "Exhaustion." by carbolic acid-probably State cause for which Never report mere ACCIDENTAL, important. to minora



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. m

3455 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[If death occurred la a hospital or Institution,

FULL NAME John Lock	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White (Write the word) 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH Zuarch 25 , 1915 (Month) (Day (Year)
TAGE Comparison of particular kind of work Dustricular kind of work	I hereby Certify, That I attended deceased from Marsh 18, 1915, to March 25, 1915, that I last saw here alive on March 2, 3, 1915, and that death occurred on the date stated above, at 7, 1, 2, m, The CAUSE OF DEATH* was as follows:
9 BIRTHPLACE (State or country) Service or father John Lochuer	(Signed) (Signed) (Address) Large Marsh 25 , 191 J. (Address) Large Marsh
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Colent Causes, state (1) Means of Injury; and (2) whether accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place of deathyrs,mos,ds.
(Address) Mard, 1915 Filed 2 6 Mard, 1915 The more blanks are needed, address State Registers	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER M. Sichloru Far, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Bention as Day laborer, Farm laborer, Laborer-Coal been changed or given up on account of the disease Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Lahorer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, aud consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreeal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from cte, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Ileart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," neere symptoms or terminal conditions, such as "As-Bronchopnoumonia (secondary), 10 ds. ample: Mcastes (disease eausing death), 29 ds.; affection need not he stated unless important. natural and disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name orlgin; "Canis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) totanus) may be stated under the head of (Recommendations on statement of Never report For vio-



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING V S FOR THIS ERVED INK UNFADING S H r PLAINLY, WITH MARGIN WRITE

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- mage				May 0-	and the state of t	0		a hospital or institution, give its NAME instead
	2 5111 1		Lanne	The same of	Cano	Lan		of street and number.]
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DAT	E OF BIRTH	0			secus	, 1914, to	0 82 0	and 10, 1915
	F	(Mont	th) (Day)	, 185.7 (Year)	that I last saw	h alive on	Sua	ich 9 , 1915
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	7	7 9	,	1 day, hrs.	The CAUSE OF	DEATH * was a	as follows	5:
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[Approved by U. S. Gensus and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day luberer, Farm laborer, Laborer business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be "Foreman," "Manager," "Dealer," etc., without more of - the second . statement. mill; (a) Salesman, (b) Crocary: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary firemum, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. write None. or given up on account of the disease causing death Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-Compositor, various pursuits can be known. For persons who have no occupation whatever The material worked on may form part Architect, Never return "Laborer," Locomolire engineer, If retired from The question (b) Auto-

Statement of Cause of Peath—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." and consequences (e. g., sepsis, letonus) may be stated hrad-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the genital," "Anaemia" (merely symptomatie), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia." cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee Struck by railway train-accident; Revolver "PUERPERAL perilonilis," etc. cause. Always qualify all diseases resulting from child-"Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness." chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Brourent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intereur-(name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal suplichaemia," The nature of the injury, as fracture of skull "Senile," etc.), "Dropsy," "Exhaustion," State cause for which Never report mere (Recommendations "Atrophy," ACCIDENTAL, around of



BINDING

FOR

Village or City Cumberland (No. 67, Sec	Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDDWED OR OLOVORCED (Write the word)	16 DATE OF DEATH Mcl. 28, 1915. (Month) Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Cleg 9, 1866 (Month) (Day) (Year) 7 AGE If LESS fhan	that I last saw has alive on the date stated above, at 115 m.
#8 yrs. 25 mos. 19 ds. OR min.?	The CAUSE OF DEATH & was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF	(Buration) yrs. mos. ds. Contributory Secondary (Ouration) yrs. mos. ds.
FATHER Michael M Maders 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address) Judpt St. 15 Filed MAR 30 1,915 Mary Ston REGISTRAR	19 PLACE OF BURIAL OR REMOVAL APPLEY Pauls 20 UNDERTAKER ADDRESS ACCOUNTY OF BURIAL ADDRESS
If more blanks are beeded, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farker (retired write None. state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekrepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, prespective of age. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the ness of various pursuits can be known. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor. Architect, For persons who have no occupation whatever, Stationary fireman, etc. The material worked on may form part At home. Care should be Locomolire engineer, But in If retired from The question many cases, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopucumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menon-

genital." under the head of "Contributory." head-homicide; Poisoned by ctc., "Anaemia" (merely symptomatic), "Atrophy.
"Conversions." "Debility" ("Conon statement of cause of death approved by Committee and consequences (c. g., sepsis, letanus) may be stated to determine definitely. Examples: Accidental drowning; SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," birth or miscarriage as "Plenperal septichaemia," mus, nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; CHUSC. "Heart failure," "Haemorrhage," "Inanition." "Maraschopucumonia (secondary), 10 ds. rent) affection need not be stated unless cough; Chranic Example: Measles (disease causing death). 29 ds.; Bron-Nomenclature of the American Medical Association.) when a definite disease can be ascertained as the by railway train-accident; Revolves wound Always qualify all diseases resulting from child-"Old Age," The nature of the injury, as fracture of skull, "Senile," valvular heart disease; Chronic interstitial "Shock," etc.), ote. "Dropsy," "Uraemia," "Weakness. carbolic acid-probably State cause for which Never report more (Recommendations "Exhaustion." ACCIDENTAL, important. Whooping

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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V. S. No. 1.

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pinous OCCUPATION PHYSICIANS RECORD PERMANENT EXACTLY classified. ס properly AGI × supplied. pe Ö may NEADIN certificate. that 05 o WITH back terms. should 00 plain instructions Information 2 of Inford Item 10 Important, Every It m

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Ilf death occurred in St .:Ward) a hospital or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEY 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED. (Month) (I)av ORDIVORCED I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) ((Day 7 AGE It LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: OR mln. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) ... 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed) PARENTS 1 T BIRTHPLACE ., 191 (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from Violent-Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State yrs. ____ mos. ___ ds Where was disease contracted. It not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 UNDERTAKER ADDRESS Filed REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cases, especially in industrial employments, it is necof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mahager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous As examples: "Foreman,"

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geuital," childbirth or integrating as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vioeause. etc., when a definite disease can be ascertained as the mus." "Old Age," "Shock," "Uraemia," "Weakness," "lleart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Couture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting Measles "Senile," etc.), (Recommendations on statement of may be stated under the head (disease causing death). 29 ds.; "Dropsy," "Exhaustion," Never report



STATE OF MARYLAND

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should be taken to report specifically the occupations Grocery; (a) Foreman, (b) Automobile factory. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material, worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: The question "Гогешап,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuciss of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Surcoma, etc., of..... (name origin; "Can injnry, as fracture of skull, and consequences (c. such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inantition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital." "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Branchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioby carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; State cause for "Exhaustion,"



STATE OF MARYLAND 1 PLACE OF DEATH Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No. Ilf death occurred in a hospital or institution, give its NAME instead of street and number.] statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OF RACE MARRIED. 1915 BINDING WIDOWED. ORDIVDROED (Write the word) (Month) (Day Exact I HEREBY CERTIFY, That I attended deceased from classified. pe (Month) (Dav TAGE pino It LESS than and that death occurred on the date stated above, at 4 30 t day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? properly LL. BOCCUPATION O (a) Trade, profession, or K 70 particular kind of work. supplied. pe (b) Deneral nature of industry. business, or establishment in may (Duration) which amployed (or amployer) certificate. BIRTHPLACE Contributory. that It Secondary (State or country) (Duration) mos. 10 NAME OF FATHER 20 90 MARGIN pe back ARENTS 11 BIRTHPLACE terms, OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) no 12 MAIDEN NAME plain instructions OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 2 13 BIRTHPLACE At place In the OF MOTHER DEATH (State or country) of death yrs. ____ mos. _ State _____ yrs, ____ mos. Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death? Former or Item OF Every Item CAUSE OF Important. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 UNDERTAKER ADDRESS où REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal been chauged or given up on account of the DISBASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," it should be used only when needed. As examples: the nature of the business or industry, and therefore an material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer. Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of oeenpa-If retired from business, that fact may be indi-(6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) **Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia desis of lungs, meninges, peritonaeum, etc., Carcinetsis of lungs, peritonaeum, etc., Carcinetsis of lungs, meninges, peritonaeum, etc., Carcinetsis of lungs, peritonaeum, etc., Carcinetsis of lu

mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-The contributory Is less definite; avoid use of "Tumor" for maligtctanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) For Vio-



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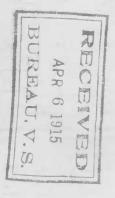
STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No... If death occurred in (No. .Ward) a hospital or Institution give its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 6 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day (Year) OROIVORCEO I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year)/ 7 AGE If LESS fhan and that desth occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? SOCCUPATION (a) Trade, profession, of parficular kind of work. (b) General nature of industry, business, or establishment in (Duratien) which employed (or employer) . Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSLENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death ____ yrs. ___ mos. ___ ds. State yrs. ____ mos. ___ Where was disease contracted. OF MY KNOWLEDGE TO If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGIST If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, cated thus: been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write None. As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Branchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberenlessis of lungs, meninges, peritonaeum, etc., Carcin-

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BINDING FOR RESERVED MARGIN

S. No. 1.

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS PLAINLY, WITH WRITE

1 PLACE OF DEATH County

311011 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

Ilf death accurred in

2 FULL NAME ZURS, Charles TKe	St.; Ward) a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale Charle (Write the word)	18 DATE OF DEATH Acarcle 6 , 1915 (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw here alive on March 6, 1915.
7 AGE 1 If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trado, profession, or particular kind of work (b) Beneral nature of industry, business, or establishment in which employed (or omployer)	(Ouration) yrs mos /3 ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER TO	Gontributory Secondary (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether accidentally, Suicidal, or Howicidal,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death? Former or
(Address Caracorling 16 Marcle 7, 1915 - JOB School REGISTRAR	USUAl residence 19 PLACE OF BURIAL OR REMOVAL Cartell Concellent March 8, 1915. 20 UNDERTAKER M. Cellont Fonacoung rar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ented thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write Nonc. causing death, state occupation at beginning of illshould be taken to report specifically the ocenpations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial cuployments, it is nec-Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) (a) Spinner, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (7)

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1 PLACE OF DEATH	9.
County allegary	
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Village or City Jouacon	mug (No.
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[!! death occurred in a hospital or institution, give its NAME Instead of street and number.]

6 DATE OF BIRTH March (Month) (Day (Year) 17 I HEREBY CERTIFY, That I atter 191	Day (Year)
MARRIED, Whowes, ORDIVORCED (Wonth) (De that I fast saw h	Day (Year) ended deceased from
6 DATE OF BIRTH March (Month) (Day (Year) Thereby Certify, That I atter 191, to that I last saw h	
(Month) (Day (Year) that I last saw h allve on	191
If LESS than and that death occurred on the date stated above the day	
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	or per tistory
9 BIRTHPLACE (State or country) Many Land Contributory Secondary (Duration) yes	yrs. mas ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MENS OF INJURY; and (2) 15 BIRTHPLACE OF MOTHER (State or country) 16 MOTHER (State or country) 17 MOTHER (Signed) 18 LETT SAME CAUSING DEATH, OF, in de CAUSES, state (1) MEANS OF INJURY; and (2) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTE OF RECENT RESIDENTS) At place of death yrs, mos, ds. State yr	deaths from Violent 2) whether Accident
Where was disease contracted, If not at place of death? (Informant) (Address	

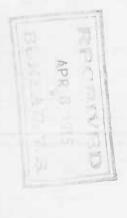
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING BEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinnor, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," (b) Cotton mill; (a) Salesman, "Forenan," The (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing deficient with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) **Inphoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

iujury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify, as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inauition," "Marasgcuital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," valvular heart disease; Chronie interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmere symptoms or terminal conditious, such as "As-Bronchopucumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (discase causing "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)dcath), 29 ds.; For vio-



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in -Ward) a hospital or institution. give its NAME inslead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. 1913 WIOOWED. (Month) OROIVORCEO (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH ..., 191...... to ... (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at... 1 dayhrs. The CAUSE OF DEATH* OR 7 BOCCUPATION (a) Trade, profession, oc particular kind of work. (b) General nature of Indostry. business, or establishment la (Duration)yrs....mos.....ds. which employed (or employer) 9 BIRTHPLACE Contributory. (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or counter. of death _____ yrs. ___ mos. ___ ds. Stale _____ yrs. ___ mos. ___ Where was disease contracted. If not at place of death?.... Former or usual residence. OF BURIA REMOVAL DATE OF BURIAL 15 UNBERTAKER APPRESS REGISTRAR If more blanks are medded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. &

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Serpant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persous As examples: "Foreman," (0)

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childbirth or miscarriage as "Puenpenal septichacrateular heart disease; Chronic interstitial nephritis, nant neoplasus); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsious," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of



N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR V. S. No. 1.

Village or City ECK hark Who was a second of the control of the c	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hespital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARNIED, WIDDWED, WIDDWED, WIDDWED, (Write the word)	16 DATE OF DEATH 3- (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
2- 26 , 1853 (Month) (Day (Year)	3-17-, 1917, to $3-19$, 1913 that I last saw h. M.M. allve on $3-16$, 1912
7 AGE It LESS than t day,	and that death occurred on the date stated above, at S. C. m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Lis Bright Secondary
10 NAME OF FATHER ROS PULSON 11 BIRTHPLACE OF FATHER (State or country Tulaud 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) A CAT LAWA 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. da Where was disease contracted, If not at place of death? Former or usual residence.
(Address) CCRAUL MA	19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER 20 UNDERTAKER 46 DRESS ACTUMN MA tran

[Approved by U. S. Census and American Public Health Association.]

egainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not minc, etc. Women at home, who are eugaged in the "Manager," "Dealer," etc., without more precise specicated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook; Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotlon mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer (retired 6 yes.) For persons As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuclesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonilis," etc. State cause for thenia." "Anaemia" (merely symptomatie), "Atrophy," etc. The contributory (seeondary or intercurrent) mant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway Irain-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childhirth or miscarriage as "Puerveral seplichaecause. etc., when a definite disease can be ascertained as the mus." "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma." "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. valvular heart discuse; Chronic interstilial nephrilis, denl; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile." etc.), "Dropsy." (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

See instructions on back of certificate.

CAUSE OF Important. S

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RECORD

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

St.; Ward)

lit death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEI	** COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH March 26, 1915 (Month) (Day (Year)
6 DA	Month (Day (Year)	march 26, 1915, to hearth & 6, 1915, that I last saw half alive on clerch 3-26, 1915
TAGI		and that death occurred on the date stated above, at 9 A m. The CAUSE OF DEATH* was as follows:
(a) T parti (b) (busin	CUPATION Frade, profession, or Icular kind of work	hughaney, Termihated by abortions (Ouration) yrs mos ds.
. (State or country) Maryland	Contributory Secondary (Doration) yrs mos ds
ENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Address) . M. B. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) Penna	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. Where was disease contracted,
	nformant) (Address) (Address)	It not at place of death? Former or usual residence
15 Filed	1 1915 Max Metton REGISTRAR	Sumaled May 29, 1915 20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers should be taken to report specifically the occupations who receive a definite salary), may be entered as cated thus: Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indivery important, so that the relative healthful-Never Farmer (rctired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth, or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. Bronchopneumonia (secondary), 10 ds. ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of State cause for Never report of



8. No. 1.

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH 00 ż

3116-1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

Ward)

[If death occurred is a hospital or iostitution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale White (Write the word)	(Month) (Day (Year)
DATE OF BIRTH	1 HEREBY CERTIFY, That I attended deceased from
Flymay 10 1862	Mar 40, 1912 to May / 19154.
(Month) (Day (Year)	that I last saw him alive on Acas 1/ 1913
7 AGE If LESS that	
5 2 1 day,hrs	The CAUSE OF DEATH* was as follows:
O3 yrs mos 29 ds. OR min.?	-
(a) Trade, profession, or Mell watchinger	mynames
particular kind of work at Wa Teleft Vlokes 6c-	
(b) General nature of industry, business, or establishment in	3 T T T T T T T T T T T T T T T T T T T
which amployed (or amployer)	(Duration) yrs mos 8 ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
(State or country) Scotland	
10 NAME OF FATHER Dout Know	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country) Lovel Know	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
12 MAIDEN NAME OF MOTHER LOVE Know	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Level Know	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of death yrs, mos, ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(leformant) The Mayon Cerkeill	if not at place of death?
(INIUI IRANI)	usual residence
(Address) Cufe and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Philos cemetery
Filed 7/13 , 1912 VAMABLESS REGISTRAR	20 UNDERTAKER LOTOPOTT, NO. ADDRESS WHO Industry ADDRESS Prickmont
	istrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations mine, etc. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necwho have no occupation whatever, write None. Screant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the As examples: The (6)

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

a alvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and eonsequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Tuerperal septichaeete., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenelaby earbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all discuses resulting from Measles (disease causing death), 29 ds.; "Exhaustion,"



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	Village or City William & William & Houles	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
e.	3 SEX 4 COLOR OR RACE 5 STNGLE, MARRIED, WIDOWED ON DIVORCED (Write the word)	16 DATE OF DEATH March (Day) (Year) 17 I HEREBY SERTIFY, That I attended deceased from
certifical	Month (Day) 1847	March 6, 1915, to March 7, 1915, that I last saw him alive on March 7, 1915,
back of	7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at // P.m. The CAUSE OF DEATH * was as follows:
ee instructions on	(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Chrisphronia Co Runs	Contributory Mosics (Duration) yrs. mos. ds. Contributory Mosics (Defalor Learl Research Secondary) (Quration) yrs. mos. ds.
very important. S	11 BIRTHPLACE OF FATHER (State or country) Wrence trongle of 12 MAIDEN NAME OF MOTHER Jarrah Murt	(Signod) , 191 (Address) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) Al place In the
ATION is	(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Office of Doministry (Informant)	Where was disease contracted, if not at place of death? Former or usual residence
OCCUPATI	(Address) Varentinin Enry 15 MAR 9 1915 Filed REGISTRAR If more blanks are needed, address State Registrar,	PLACE OF BURIAL OR REMOVAL ROSE HOLL 20 UNDERTAKER ADDRESS LIGHT Services St. Rulto Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers write Nonc. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, ciave, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of tion is very important, so that the relative healthful--Cont mine, etc. Statement of Occupation-Precise statement of occupaof various pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, letomus) may be stated head-homicide; Poisoned by SUICIDAL, OF HOMEGDAL, OF as probably such, if impossible surgical operation was undertaken. For violent deaths genital," to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL paritonities." etc. State cause for which birth or misearriage as "Pterperal septichaemia," "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never nephrilis, etc. The contributory (secondary or intercurcough; Chronic valentar beart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes, Whooping ges, perdonaeum, etc.. Carcinoma, Sarcoma, etc., of Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound The nature of the injury, as fracture of skull "Senile," etc.), "Dropsy," carbolic acid-probably "Exhaustion," report mere



S. No. 1.

N. B.

RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

St.:---Ward)

[it death occurred in a hasnital or institution.

TE OF DEATH
(Day (Year)
That I attended deceased from Massele 2, 1915., Marche 2, 1915., stated above, at 6 45 Am, ws:
myrs mos 3 ds. Territory mos 4 ds. Territory mos 3 ds. Territory mos 4 ds. Territory mos 4 ds. Territory mos 4 ds. Territory mos 3 ds. Territory mos 4 ds. Territory mos 3 ds. Territory mos 3 ds. Territory mos 4 ds. Territory mos 4 ds. Territory mos 4 ds. Territory mos 5 ds. Territory mos 5 ds. Territory mos 6 ds. Territory mos 7 ds. Territory mos
DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL ADDRESS ADDRESS
O TR

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing deficient with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from nant neoplasius); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomeucla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPURAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichacctc., when a definite disease can be ascertained as the "Ileart failnre," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ass Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) For vio-

If this certificate is looked over thoroughly and nll questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is perparently filed.

Grant of the state of the state

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. been changed or given up on account of the disease minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatie), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asample: Measles (disease eausing death), 29 ds.; iffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from " "Coma," "Convulsions," "Debility" ("Con-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN V. S. No. 1.

	3060
1 PLACE OF DEATH County Allegany	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Circulterland (No. 436)	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White (Write the word)	16 DATE OF DEATHY arch 28, 1912 (Month) (Day) (Year
6 DATE OF BIRTH - 1854	that I last saw her alive on March 26, 191
7 AGE (Month) (Day) (Year) 1 LESS than 1 day, hrs. 0R min.?	and that death occurred on the date stated above, at 5
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer)	(Buration) yrs. 3 mos. 2.3
9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Secondary (Signed) La Paula Mos.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME O	Mar-19, 1815 (Address) & La Columber State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suitedal or Homicipal.
OF MOTHER STANK RECORD 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place In the of death yrs
(Informant) Careus Spielel	Where was disease contracted, If not at place of death?
(Address) 4,36 Grand AVE	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
Filed 191	

[Approved by U. S. Census and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more write None. state occupation at beginning of illness. If retired from mobile foctory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Colion is provided for the latter statement; it should be used business or industry, and especially in industrial employments, it is necessary to engineer. Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part therefore an additional line Locometice engineer, Civil But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchapneumonia ("Pneumonia,") nqualified, is indefinite); Tuberculosis of tungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as suicide. to determine definitely. Examples: Accidental drowning: SUICIDAL, or HONICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.). "Anaemia" (merely symptomatic), chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valendar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meosles; Whapping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid use of symptoms or terminal conditions, such as "Asthenia, nephrilis, etc. The contributory (secondary or intercur-"Old Age," by railway train-The nature of the injury, as fracture of skull, "Conn." "Convulsions," "Debility" ("Con-"Shock," -accident: Revolver wound of "Dropsy," "Uracmia." "Weakness." State cause for which Never report mere (Recommendations "Atrophy," "Exhaustion," ACCIDENTAL,



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

	and the second second	3069
	PLACE OF DEATH	STATE OF MARYLAND
	000	CERTIFICATE OF DEATH
Co	unty llegany	Registration Dist, No.
Village or City torraconing (No		St.; Ward) [if death occurred is a hospital or institution,
		give its NAME instead of street and nomber.]
	FULL NAME Jeonge and	Vollock
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	MARRIEO,	18 DATE OF DEATH Meanch 9 1915
1	Nale White word)	(Month) (Day (Year)
8 DATE OF BIRTH		17 I HEREBY CERTIFY, That I attended deceased from
	July 7 1888	March 3, 1915, to March 9, 1915,
	(Month) (Day (Year)	that I last saw here alive on Drazele 9., 1915.
7 AGE If LESS than 1 day,hrs.		and that death occurred on the date stated above, at 6.40 Q.m.
26 yrs 8 mos 2 ds OR min.?		The CAUSE OF DEATH* was as follows:
BOCCUPATION		On P
(a) Trado, profession, or particular kind of work.		Tobar fueumoura
(b) General nature of industry, business, or establishment in		
which employed (or employor)		(Duration) yrs mos 6 ds.
9 BIRTHPLACE (State or country)		Secondary Cardia Dilatations
Maryland		(Doration)mosds.
	10 NAME OF FATHER / 1/ 00 , P 00 A	(Signed) Cotto Skilling M.D.
PARENTS	11 BIRTHPLACE	
	OF FATHER (State or country)	
	12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whethe Accidental, Suicidal, or Homicidal.
	OF MOTHER Juelia Gardier	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE
	13 BIRTHPLACE	or Recent Residents) At place In the
	OF MOTHER (State or country) Maryland.	of death yrs. mos. ds. State yrs, mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, If not at place of death?
(Informant) Welliam Pollock		Former or usual residence.
		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(Address) Torosouring, hid:	Oak Hill Complex march 11. 1915:
Fil	on March Calow & ABullack	20 UNDERTAKER ADDRESS
FIL	REGISTRAR	Du 8:10
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. cated thus: CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as ficultion as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The (7)

Statement of cause of death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) 'Typhoid fever (never report "Typhoid pnemnonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccanse. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopnoumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or interenrent)

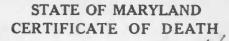


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A PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. B,-Every Item of Information should be CAUSE OF DEATH in plain terms, so Important. See Instructions on back o

1 PLACE OF DEATH



Registration Dist, No.

St.:

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38	*** COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH March 28, 1915 (Month) (Day (Year)
6 D	March 28, 1915	that I last saw half alive on hearth 28 1915.
7 A	(Month) (Day (Year) GE If LESS than t day, hrs. or min. ?	and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows:
pa (b) bus	CCUPATION) Trade, profession, or ricular kind of work. General nature of industry, einess, or establishment in ich employed (or employer)	2 months integrations pregnancy. (Ouration) yrs mos. ds.
	10 NAME OF FATHER Jany Powell	Contributory Secondary (Guration) yrs mos ds. (Signed) N, Hodget , M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER USE STATEMENT OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted,
	(Interment) Toney Powell	It not at place of death? Former or usual residence.
15 Fil	ed Maria 9 1918 May Ston	DATE OF BURIAL LEMAN 29, 1915 20 UNDERTAKER ADDRESS trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the oecnpation has fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

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affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of sknll, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerreral septiehacetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopn cumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhanstion," Never report



1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. EXACTLY. P sified. Exact give its NAME instead of street and number.] RECORD classified MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE,
MARRIED, MANUE
WIDOWED
OR DIVORCED
(Write the word) 16 DATE OF DEATH 3 SEX 4 COLOR OR BACE stated 1913 PERMANENT (Dav) (Month) (Year) should be stary y be properly of certificate. I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h alive on (Month) (Year) If LESS than and that death occurred on the date stated above, at 109m. rmay t 7 AGE 1 day. hrs. CK The CAUSE OF DEATH * was as follows: O min.? A B OCCUPATION
(a) Trade, profession, or pplied. ō particular kind of work b) General nature of Industry 0 SE terms, tructi business, or establishment in mos ... refully which employed (or employer) Contributory plain te See inst 9 BIRTHPLACE secondary (State or country) 10 NAME OF FATHER ü (Signed) Ω II 0 or DEATH important S 11 BIRTHPLACE RENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) Causes, state (1) Means of Injury; and (2) whether Accidental, SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER d 10 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 very informa CAUSE (N is very OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHERyrs. _____ds. State,yrs. mos. ds. (State or country) WRITE should state CAL Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?.. Former or (Informant) usual residence 19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS 0 REGISTRAR ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the disease causing death, write None. state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Pealer," etc., without more mobile factory. mill; (a) Salesman. (b) Grocery: (a) Foreman, only when needed. is provided for the latter statement; it should be used especially in industrial employments, it is necessary engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of business or industry, and know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. very important, so that the relative healthfulvarious parsuits can be known. The question For persons who have no occupation whatever The material worked on may form part As examples: (a) Spinner, (b) Cotton therefore an additional line Never return Locomotive engineer, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

Struck mus," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (c. g., sepsis, tdonus) may be stated suicide. head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning: strendar, or nomemar, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerrenan septichaemia," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion." "Heart failure," "Heanorrhage," "Immition," "Maraschopmeumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Colm phritis, etc. (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of.... Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic "Tumor "Old Age." "Shock," by railway train-accident; Revolver wound of Always quadify all diseases resulting from child-The nature of the injury, as fracture of skull, "Coma," " for malignant neoplasms); Measles; Whooping (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurvaleular heart disease; Chronic interstitial "Uracmia," "Weakness. State cause for which ACCIDENTAL,



state Very

County.

1 PLACE OF DEATH

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STATE (OF M	ARY	LAND	
CERTIFICA	ATE	OF	DEAT	Ή

If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

2 July 2	Registration Dist, No.			
ce	St.;	Ward)	[It death occurred in a hospital or institution, give its NAME instead of street and number.]	
MEDI	CAL CERTIF	ICATE OF I	DEATH	
16 DATE OF DEATH	Marc	(a)	(Day (Year)	
that I last saw have	EBY CERTII	Y, That I at	tended deceased from	
and that death occurr			ove, at 2810m.	
The CAUSE OF DEAT			Carries	
Luggers	tins	f	CC 3 belog	
Contributory C	(Du	ration)	yrsmosds.	
(Signed)	126	ceer	yrs	
	SE CAUSING I		deaths from VIOLENT (2) whether ACCIDEN-	
18 LENGTH OF RESIDEN At place ot deathyrs, Where was disease contract it not at place of death? Former or usual residence	mos ds.	In the	YES, MOS ds	
Shart UNDERTAKER	Thate	d. Il	ard 7.4.1915, poress	

[Approved by U. S. Census and American Public Health Association.]

'Housewife, Housework, or At Home, and children, not should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duffies of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Hay Jaborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," If the oecupation has As examples: "Foreman,"

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1 PLACE OF DEATH STATE OF MARYLAND ICIANS CERTIFICATE OF DEATH llegany Registration Dist. No. If death occurred in Cembra St.: Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, MARRIED, Married 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE WIDOWED OR DIVORCED I attended deceased from be proper certificat 6 DATE OF BIRTH it may k If LESS than 7 AGE occurred on the date stated above. at 1 day, hrs. min. ? 8 OCCUPATION (a) Trade, profession, or o ons arefully suppli in terms, so t instructions particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) plair See 10 NAME OF important. 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS Very OR RECENT RESIDENTS 13 BIRTHPLACE In tha OF MOTHER of death State,yrs. mos. . . . ds. 60 (State or country) Should state CAI Where was disease contracted, 14 THE ABOVE IS if not all place of death? Former or usual residence 19 PLACE OF BURIAL DATE OF BURIAL 15 ADDRESS REGISTRAR Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

FULL NAME alyand	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE WINDWED, OR O) (Write the word)	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from
Weh 7 1863 (Month) (Day (Year)	that I last saw h wallyon well I , 1915,
If LESS than	and that death occurred on the date stated above, at
J day,hrs. OR min.?	The CAUSE OF DEATH* was as follows:
otession, or detection of dot work.	mifly zinc
adure of industry, establishment in ed (or employer)	(Duratien) / yrs. mos. ds.
oce (country) led	Secondary O (Duration) O yrs mos ds.
THER alry, Kaulen	(Signed) M. D.
THPLACE FATHER ate or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injuny; and (2) whether Acciden-
MOTHER JUSIE Gracie	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE
MOTHER ate or country) Scotland	At place in the of death yrs mos ds. State yrs mos ds
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ch/9,191/3/12 Coursey	allogany Cernet 3 2 , 1915. 20 UNDENTAKER ADDRESS
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[Approved by U. S. Census and American Public Health Association.]

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3470 STATE OF MARYLAND 1 PLACE OF DEATH (J) 6 PHYSICIAN t statement CERTIFICATE OF DEATH Registration Dist. No. -If death occurred in a hospital or institution, classified. Exact give its NAME instead of street and number.] ² FULL NAME RECORD *TATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERSONAL AND 5 SINGLE, 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE stated MARRIED, PERMANENT WIDOWED (Month) (Day) OR DIVORCED should be stary y be properly of certificate. ZOZ Write the word) That I attended deceased from 6 DATE OF BIRTH (Day 0 If LESS than may k 7 AGE and that death occurred on the date stated above, at 1 day, hrs. O The CAUSE OF DEATH & was as follows: back min.? S E A I 8 OCCUPATION c pplied. tha (a) Trade, profession, or 0 n terms, so t instructions particular kind of work (b) General nature of Industry Su business, or establishment in (Duration) >1 which employed (or employer ful Contributory 9 BIRTHPLACE n plain t (State or country) Œ 10 NAME OF FATHER 2 nld important. I . 191 11 BIRTHPLACE 0 H RENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT 4 d CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, (State or country) O LL SUICIDAL OF HOMICIDAL. u O 12 MAIDEN NAME OF MOTHER LL. Q 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 Very informa CAUSE (N is very 13 BIRTHPLACE OF MOTHER 61 yrs. of death (State or country) WRITI Where was disease contracted, should state CAI 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or 27 usual residence DATE OF BURIAL PLACE OF BURIAL OR REMOVAL (Address' 15 20 UNDERTAKER ADDRESS m REGISTRAR Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the disease causing death employed, as At school or At hame. Care should be Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "" "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Procery: (a) only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary freman. etc. cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in But in many cases, Foreman, If retired from (b) Anto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherio (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonio, Bronchapneumonio ("Pneumonia," Lobar pneumonio, indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head—homicide; Poisoned by carbolic acid—probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PIERPERAL perilonitis," etc. birth or miscarriage as "Puemperal scoticharmia, etc., when a definite disease can be ascertained as the genital," "Senile," etc.). "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia, chopucumonia ges, perilonocum, etc., Carcinoma. Sorcoma, etc., of ... "Heart failure," "Hemorrhage," "Inamition," "Maras-Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitud "Anacmia" nephralis, etc. "Timor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway troin-accident; Revolver wound of Always qualify all diseases resulting from child-"Old Age," "Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-(secondary), 10 ds. The contributory (secondary or intercur-"Shock," "Uracmia," "Weakness. State cause for which Never report more



/illag	e or City Church Erland 2 FULL NAME Sar a	de (No. 1 beolie	wited St.; Ward	[if death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL	. PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH
Ja SEX	1 And + WID	RRIED, Maried DIVORCED ite the word)		onth) (Day) (Year l attended deceased fro
⁷ AGE	Sept. 82 yrs10 mos	(Day) (Year) If LESS than 1 day, hrs. OR min. ?	that I last saw har alive on Mand that death occurred on the da The CAUSE OF DEATH * was as f	te stated above, at 3 P
(a) part (b) bush whice	CUPATION I Trade, profession, or licular kind of werk General nature of industry liness, or establishment in ch employed (or employer) RTHPLACE (State or country)	ewife me	Contributory Ceceleral	tion) wyrs. 3 mos. 3 Dlewwhy
RENTS	10 NAME OF FATHER ACOUNTRY) 11 BIRTHPLACE OF FATHER (State or Fountry) 12 MAIDEN NAME	huown	0 1	ilion)
PA	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) IE ABOVE IS TRUE TO THE BEST OF	// // MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPI OR RECENT RESIDENTS) At place of dealh yrsmosds. Where was disease contracted, if not all place of dealh?	TALS, INSTITUTIONS, TRANSIER In the State,yrsmos
15	(Address) (Address) (Address) (Address)	Lutton-	former or usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER	DATE OF BURIAL ADDRESS

[Approved by U. S. Ceasus and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekrepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager." "Dealer." etc., without more of the second statement. mobile factory. mill; (a) Salesmon, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, ciun, Compositor, Architect, Locomolive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. business or industry, and therefore an additional line For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as mus, genital," "Senile," etc.). "Dropsy," "Exhaustion." "Heart failure," "Haemorrhage." "Inanition," "Marason Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning, Struck by railway train—occident; Revolver wound of SUTCIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," birth or miscarriage as "Puenperal septichuemia," etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), chapmeumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronnephralis, etc. cough; Chronic valentar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of ges. perilonaeum. etc., Carcinomo, Sarcoma, etc., of rent) affection need not be stated unless important. " "Old Age," "Shock," "Uracmia," "Weakness, Always qualify all diseases resulting from child-"Coma." The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Convulsions," etc. State cause for which "Debility" ("Con-"Atrophy," ACCIDENTAL,

PERMANENT UNFADING

> No. 80

state Very OCCUPATION IS PHYSICIANS RECORD 2 FULL NAME 0 PERSONAL AND STATISTICAL PARTICULARS Exact statement EXACTLY. 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. widowed, Micondivorced (Write the word) 6 DATE OF BIRTH stated properly classified. (Month) (Day) 4 pe TAGE 2 pinous -THIS BOCCUPATION AGE (a) Trade, profession, or NN particular kind of work (b) General nature of industry, carefully supplied. be business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) that It 10 NAME OF FATHER 80 o PLAINLY, WITH be PARENTS 11 BIRTHPLACE See instructions on back plain terms. OF FATHER (State or country) should 12 MAIDEN NAME OF MOTHER Item of Information E OF DEATH in pial 13 BIRTHPLACE OF MOTHER (State or country) WRITE CAUSE OF (informant) Important. (Address 15 8 ż If more blanks are needed, address State Registrar, 0-E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

narries

(Year)

It LESS than

....min. ?

1 day,hrs.

REGISTRAR

STATE OF MARYLAND RTIFICATE OF DEATH

			2
	Reg	gistered	No
anette	St;	Ward)	[It death occurred I a hospital or institution give its NAME Instea of street and number.]
MEDI	CAL CERTIFICA	TE OF D	EATH
16 DATE OF DEATH	hu		£
***************************************		nth)	(Day) (Year)
17 I HER			anded deceased from
mas 4	. 191 5 to	Bras	5 1915
that I last saw h			
and that death occurr	ed on the date	stated abo	ve, at Z an
The CAUSE OF DEAT			11
Acute	anterior	prolio	myelitis

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640000000000000000000000000000000000000	(Duratio	п)у	rs d
Contributory (Secondary)			
	(Doration	on)y	rs. mos. / d
(Signed) AP	Piviag		м.
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Mas 5, 1916			
*State the DISEAS CAUSES, state (1) I TAL, SUICIDAL, or E	B CAUSING DEAT JEANS OF INJUE JOMICIDAL.	H, or, in dr; and (2	eaths from Violent) whether Acciden-
18 LENGTH OF RESIDEN	ENCE FOR HOS	PITALS, INS	FITUTIONS, TRANSIENT
At place	1	n the	
of death yrs		State	yrs, d
Where was disease contract it not at place of death?			
Former or			
usual residence			
19 PLACE OF BURIA		_ /	TE OF BURIAL
	Co Comete	Ly . 4	nas. 7, 1915
20 UNDERTAKER	01.	AC	DRESS
VY Th.	111:00	/	

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager." "Dealer," etc., without more precise speciwho have no occupation whatever, write None heen changed or given up on account of the DISEASE Servant. Cook, Housemaid, etc. gainfully employed, as At school or At home. Care liouscuife, Housework, or At Home, and children, not who receive a definite salary), may be entered as manc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: For persons "Foreman,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "("roup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skuii, and consequences (e. dent; Revolver wound of head-homicide; Poisoned genital," "Senile," etc.), "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritu. nant neopiasms); Mcastes; Whooping cough; Chronic oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of "Convuisions," "Debiiity" ("Con-(secondary "Dropsy," "Exhaustion," (name origin; "Canor intercurrent) State cause for Examples: 29 ds.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is sesential and must be obtained before the certificate is possible ty filed.

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RECORD PERMANENT 4 UNFADING INK-THIS IS PLAINLY, WITH

state Yery PHYSICIANS should of OCCUPATION IS Exact statement stated EXACTLY. of information should be carefully supplied. AGE should be si DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. CAUSE OF Important. S m ż

1 PLACE OF DEATH County alle Sand

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St .:---.Ward)

It death occurred to a hospital or Institution, give its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH March 31, 1918 (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
8 DA	COT 18 1812	march 8, 1915, to March 31, 1915
7 AG	(Month) (Day (Year) If LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at 1915. The CAUSE OF DEATH* was as follows:
(a) par	Trade, profession, or ticular kind of work a 15x 10x 10 0002 General nature of industry,	Myocarditis
busi Whice	ness, or establishment in the mployer of the mployed (or employer) RTHPLACE (State or country)	Contributory Zort Corapensation Secondary
S	10 NAME OF FATHER LEWIS	(Signed) W. R. Hodges M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted,
	(Informant) + Constitution of the Best of My Knowledge	If not at place of death? Former or usual residence.
15 File	(Address) 10 pm 10 med 10 med 2, 1915 Dewetts REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 29 UNDERTAKER ADDRESS ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. statement. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease in the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease eausing death), 29 ds.; "Dropsy," "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAYS 1915 BUIRFALLY.S.

1 PLACE OF DEATH	STATE OF MARYLAND
County allegany	CERTIFICATE OF DEATH,
Village or City Cumberland (No. 77.	Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME / COSE SU	waugh
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Married or Divorced (Write the word)	16 DATE OF DEATH Mor. 27, 191 (Month) (Day) (Year)
6 DATE OF BIRTH Sous Low, 1879 (Month) (Day) (Page)	that I last saw har alive on M. 27, 1917,
7 AGE If LESS than 1 day, hrs. ds. ORmin.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry	
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Premater Borth of Felix Secondary
10 NAME OF Edward Irondold	Rigned) That the Gueston fund M. O.
U BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 17 //	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State, yrs. mos. ds.
(Informant) Joseph Scale Subaugh	Where was disease contracted, Mesternfort Md- if not at piece of death? Former or usual residence Westernfort Mc.
(Address) 22 Spring St / Leyson //	Predment 1. To Hotel 27, 1915
Filed 191 REGISTRAR	Join Stein Compose
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

311

[Approved by U. S. Gensus and American Public Heath Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as Al school or At home. Care should be the duties of the household only not paid Housekrepers wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer." etc., without more precise specification as Day laborer, Ferm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Autoonly when needed. husiness or industry, and therefore an additional line applies to each and every person, irrespective of is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fremun, etc. But in many cases, ciun, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. very important, so that the relative healthink-For persons who have no occupation whatever The material worked on may form part As examples: (a) Spinner, (b) Collan Never return "Lahorer," Lowmotive engineer,

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of tungs, menin-

genital," on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by birth or miscarriage as "Puerperal septicharmia," Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage." "hamition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Colhapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Measlas: Whooping (name origin; "Caneer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... " "Old Age," "Shock," "Uraemia," "Weakness, The nature of the injury, as fracture of skull, "Senile," etc.). "Dropsy," The contributory (secondary or interemete. carbolic acid—probably State cause for which Never "Exhaustion," ACCIDENTAL, report mere important.



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of obtained to be used inspirate. See instanctions on hack of cartificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. I.

1 PLACE OF DEATH

Village or City Leunherland (No. No. 2 FULL NAME.	CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH March 25, 1915 (Month) (Day) (Year)
6 DATE OF BIRTH MALCH 25, 1915 (Month) (Day) , 1 Year)	that I last saw half a live on Mall 25, 1915,
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at 100 m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	Dead Brien Jacks (Durallon) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Buration), yrs. mos. ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	(Signed) , M. O. M. O. M. C. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State, yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence Residunce furthe Masterisforh wd-
(Address) Cembuland	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LECENTAL 20 UNDERTAKER 1/1 APPRIESS
Filed , 1910 REGISTRAR If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Regysting V. S. No. 1.

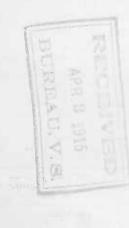
No. of the last of

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servand, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Hame, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm luborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, applies to each and every person, irrespective of age is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer. first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--('out mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, etc. Statianary froman, etc. But in many For persons who have no occupation whatever Women at home, who are engaged in But in many cases, (b) Auto-

Statement of Cause of Peath—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poismed by carbolic acid-probably SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as birth or miscarriage as etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conto determine definitely. surgical operation was undertaken. For violent deaths "PLERDERAL peritonitis," etc. cause. Always qualify all diseases resulting from childgenital," "Senile," etc.). symptoms or terminal conditions, such as "Asthenia," спориситония "Heart failure." "Homorrhage." "Inanition." "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic vulcular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping "Old Age," by railway train-accident; Revolver (secondary), 10 ds. The contributory (secondary or intercur-"Shock," "Uracmia," "Weakness, Examples: Accidental drowning; is less definite; avoid use of "PUERPERAL septichaemia," "Dropsy," State cause for which (Recommendations Never report mere "Exhaustion," ACCIDENTAL, wound of



SICIANS should occupation is PHYSICIANS RECORD statement PERSONAL AND STATISTICAL PARTICULARS ENT 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH S SINGLE. MARRIED. QUIONIB WIDDWED. Wedowes ORDIVORCED (Write the word) DATE OF BIRTH 12 1911 to classified. (Month) (Day (Year) TAGE ACE should properly class If LESS than 1 day hrs. OR mln. ? 8 OCCUPATION (a) Trade, protession, or ESERVED INK particular kind of work. supplied. pe (b) General nature of industry. business, or establishment in may ADINC which employed (or employer) ----certificate. 9 BIRTHPLACE Contributory. Secondary (State or country) that C 10 NAME OF FATHER (Signed) 80 0 ARGIN pe back S terms, 11 BIRTHPLACE . 1916 ... (Address) ... ARENT OFFATHER (State or country) 0 12 MAIDEN NAME plain TAL, SUICIDAL, OF HOMICIDAL, EATH in plain OF MOTHER Information OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY of I DEA If not at place of death? Former or Every Item CAUSE OF Important. OF usuai residence OF BURIAL OR REMOVAL V. 200 15 20 UNDERTA REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

Very

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

----Ward)

Ilt death occurred is a hospital or institution. give its NAME Instead ot street and nomber.]

MEDICAL CERTIFICATE OF DEATH (Month) I HEREBY CERTIFY. That I attended deceased from that I last saw here alive on ... Later say and that death occurred on the date stated above, at 10.31 P.m. The CAUSE OF DEATH* was as follows: (Duratioo) mos. *State the DISEASE CAUSING DEATH, or, in deaths from VOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, in the State _____ yrs, ____ mos. __ DATE OF BURIAL margh ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuctesis of lungs, meninges, peritonacum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "Pumperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Naras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing (secondary or intercurrent) death), 29 ds.; For vio-



N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN W. B. No. 1.

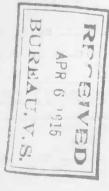
	3 1 3 2
PLACE OF DEATH	STATE OF MARYLAND
County Allegany	CERTIFICATE OF DEATH
-13 4	Registration Dist. No.
Village or City Barton (No. 2)	st; Ward) [if death occurred I a hospital or Institution give Its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Wite the word)	16 DATE OF DEATH MAR 30 , 1915 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH	Mar 25 , 1915 to tothar 30 , 1915
(Month) (Day) (Year)	that I last saw h in alive on Man 30 ,1915
7 AGE If LESS than	and that death occurred on the date stated above, at 11 26 pm. m
yrs.	The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or	Capilary Broughtis
particular kind of work	
business, or establishment in Posicion which employed (or employer)	(Ouration) — 778. mes. 19 ds
9 BIRTHPLACE (State or country) Barton Md, P.O.	(Secondary)
10 NAME OF The Tonth.	(Signed) (Doration) yrs mes. ds
O 11 BIRTHPLACE OF FATHER / 0/	mad 30, 1915 (Address) Barton, Md
(State or country), Allegany (o, Ma)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Elizabeth Joust	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
OF MOTHER (State or country) Allegany 6 Md1	At place In the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) Harry Nawson	Former or usual residence
(Address) Teynolds - Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 A est 10 B	Westingert Upin 1 , 1915.
Filed Meral 1915 M. When the REGISTRAR	20 UNDERTAKER Boal Barlin
If more blanks are needed, address State Registran	e, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative mealthfulfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Collapse." "Coma," "Convulsions," "Debility" ("Con-"genital," affection need not be stated unless important. such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUEBPEBAL peritonitis," etc. ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or misearriage, as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: ds.;



. SICIANS should OCCUPATION IS PHYSICIANS ō statement PERMANENT EXACTLY. Exact classified. pe pino properly ш AG supplied. De De UNFADING may that it ma 90 o back terms, should 6 plain Instructions Information c of Inform DEATH WRITE See Item CAUSE OF Every 0 ż

STATE OF MARYLAND LACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in Ward) a hospital or institution. give Its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED (Year) (Write the word) HEREBY CERTIFY, That I 17 attended DATE OF BIRTH (Month) (Day (Year) TAGE LESS than and that desth occurred on the date stated above, at day, hrs. mos.... OR min. ? Y/S...ds. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE 191. (Address) ARENT OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death State yrs. ____ mos. yrs. mos. Where was disease contracted. If not at place of death? Former or (Informant) Asuai residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 20 DINDERTAKER ADDRESS Filed REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persous eugaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neefirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupatious a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are eugaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the misease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "Puerperal peritouitis," etc. State "Heart failurc," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, ctc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichaeeause. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. "Contributory." "Collapse," "Coma," "Couvulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The eoutributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Semile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report cause for



1 PLACE OF DEATH STATE OF MARYLAND Very CERTIFICATE OF DEATH County. PHYSICIANS shou Registration Dist. No It death occurred in Village or City St.:---Ward) RECORD a hospital or institution, give its NAME Instead ot street and number.] statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT EXACTLY. 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. BINDING WIDOWED. ORDIVORCED (Month) (Year) Exact (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 6. 1911 classified. 4 be that I last saw here alive on March. (Month) (Day (Year) TAGE If LESS than should and that desth occurred on the date stated above, at. C 1 day,.....hrs. The CAUSE OF DEATH* was as follows: OR min ? properly BOCCUPATION AG (a) Trade, protession, or 0 INK particular kind of work. SERVE supplied. pe (b) General nature of Industry, ADING business, or establishment in may (Duration) ____ yrs. ___ mos __ 3_ds which employed (or employer) certificate. 9 BIRTHPLACE Contributory ----Secondary (State or country) UNF that (Duration) C 10 NAME OF FATHER (Signed 0 ō WITH ARGIN terms, on back PARENTS 11 BIRTHPLACE 2.1. 191 S. (Address) should OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT UO CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME plain TAL, SUICIDAL, OF HOMICIDAL. AINL DEATH in plain See instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER In the (State or countr of death _____ yrs. ___ mos. _ _ 1s. State _____ yrs ____ mos.__ info WRITE Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death?. Former or OF Every item CAUSE OF Important. usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20. - 1915 20 UNDERTAKER ADDRESS si. 80 z If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industry, and therefore an who have no occupation whatever, write None. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcuis of lungs, meninges, peritonaeum, etc., Carcin-

mns," "Old Age," "Shock," "Uraemia," "Weakuess," ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. mia," "l'uerreral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichueetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Juanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopnoumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1915 BUREAU, V.S.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1. N. B.

PLACE OF DEATH County Alleger S	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.	
Village or City Cumberland (No. 7,)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day), (Year) 17 HEREBY CERTIFY, That I attended deceased from	
6 DATE OF BIRTH May. // (Year) (Month) (Day) (Year)	that I last saw h l alive on Onal!, 1915	
7 AGE If LESS than 1 day, hrs. OR mln. ?	and that death occurred on the date stated above, at the cause of Death * was as follows:	
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in	(Ouration) yrs mos d	
which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Secondary	
10 NAME OF FORTHER Poland Cecil Stemple	(Signed) (Ouralion) yrs mos d	
In BIRTHPLACE OF FATHER (State or country) Currora N. Vg.	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
of Mother agree Emerical 13 BIRTHPLACE OF MOTHER (State or country) Corks mills Og.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death	
(Informant)	If not all place of death? Former or usual residence	
15 Filed Max. 11, 191 5 Max Custon	PRINCE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS	
REGISTRAR If more blanks are needed, address State Registrar,	16 W. Saratoga St. Balto, Reguesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

write None. state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons caployed, as At school or At home. Care should be wife, Housework, or At Howe, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill: (a) Salesman, (b) Groscoy: (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many eases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of cian, Compositor. -('oal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. many occupations a single word or term on the is very important, so that the relative healthfulvarious pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part Architect, Never return Locomotive engineer, If retired from "Laborer,"

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, indefinite); Tubereudosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee genital," under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated 1111175, smeide. head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INDERY and qualify as birth or miscarriage as "PLERPERAL sophichuemia," "PUERPERAL peritonilis," etc. State cause for which ete, when a definite disease can be ascertained as the lapse," surgical operation was undertaken. For violent deaths cause. "Heart failure," "Haemorrhage." "Inanition." "Mara.-"Anaemia" (merely symptomatic), "Atrophy." symptoms or terminal conditions, such as "Asthenia, chopucumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. cough; Chronic valeular beart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of... "Tumor" for malignant neoplasms); Meastes; Whooping (name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shock," by railway train-Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Coma," "Senile." The contributory (secondary or intercur-"Convulsions," etc.), -accident; Revolver wound of "Dropsy," "Uracmia," "Weakness." "Debility" ("Con-"Exhaustion." ACCIDENTAL, unitant.



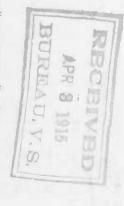
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

of o		1 PLACE OF DEATH	308 STATE OF MARYLAND
ment	Coun	ity Alligary	CERTIFICATE OF DEATH
tem			Registration Dist. No.
act sta	Villag	ge or Cit (innhuland (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
d. Ex		2 FULL NAME MULLIN D	nton tiller ef street and number.]
sified.		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
clas	3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR-DIVORCED (Write the word)	16 OATE OF DEATH MANCH 22, 1915 (Month) (Day) (Year)
perly cate	6 DA	TE OF BIRTH	I HEREBY CERTIFY, That Lattended deceased from
uld be sta properly ertificate.		Mar 22nd 1911	1910, to // // 1915,
Cee		(Month) (Day) (Year)	that I last saw h alive on, 191,
may ck of	7 AG	E If LESS than 1 day,	and that death occurred on the date stated above, atm.
AGE it ma back		yrs	The CAUSE OF DEATH # was as lollows:
2 2 2	8 00	CCUPATION	2 min meanage
pli o t	par) Trade, profession, or flouiar kind of work	from francis
T a O) (b) General nature of industry siness, or establishment in	
fully su terms, structi	whi	ich employed (or employer)	(Duration) yrs. mos. ds.
ain e in	9 81	RTHPLACE (State or country) Alugany Co. My	Contributory Secondary (Duration yrs. mos. ds.
Sp		10 NAME OF Chas. Liftog Smillion	(Signed) Shu S. Jimphia , M. O.
TH tan	TS	11 BIRTHPLACE OF FATHER ALX	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
ion should F DEATH important	AREN	(State or country) 12 MAIOEN NAME OF MOTHER	CAUSES, state (1) Means of Injury; and (2) whether Accidental, Sciental or Homestal.
KOB	a.	Longe Thompson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
is is		13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place In the of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted,
O C L	14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not al place of death?
tate		(Informant) Thus (function	Former or usual residence
Every item of in should state CA OCCUPATION		(Autress) aunhuland, Ma	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
1.	15 File	od March 25, 1915 Max Vir Clay	20 UNDERTAKER MA) APPRESS
		REGISTRAR	Mest. Ma. Hopela Chucker land
-		If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Gensus and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired write None. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. The material worked on may form part mill: (a) Salesman, (b) Grovery; (a) Foreman, is provided for the latter statement; it should be used especially in industrial employments, it is necessary to business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the orgineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. For many occupations a single word or term on the — ('oal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Housework, or At House, and children, not gainfully For persons who have no occupation whatever very important, so that the relative healthful-Never return Locomotive engineer, If retired from The question "Laborer," (b) Auto-

imqualified, is indefinite); Tuberculosis of Typhoid feed (never report "Typhoid spinal meningitis"); Diphtheria (avoid use of "Croup"); fewer (the only definite synonym is "Epidemie eerebro-CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted Statement of Cause of Death-Name, first, the DISEASE for the same disease. риситоппа. Bronchopneumonra Examples: d pneumonia");
("Pneumonia," lungs, menin-S Cerebrospinal



on Nomenelature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound of Suicide. to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent dearns "PUERPERAL perilonilis," etc. State cause for which birth or misearriage as "Preferral septichuomia," etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," cause. genital," "Senile," symptoms or terminal conditions, such as "Asthenia, "Anacania" chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valeular heart disease; Chronic interstitia) ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Coma, The nature of the injury, as fracture of skull for malignant neoplasms); Measles: Whooping oma " "Conventionatio), The contributory (secondary or intercur-"Convidence," r.t(c.). "Dropst," "Debility" Never report mere "Atrophy." acid-probably "Exhaustion." ACCIDENTAL, ("(Con-

the certificate is permanent ence. All the data is essential tions answered in detail, it will If this certificate is looked over thoroughly and all quesand must be obtained before prevent further correspond-

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfailly employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when ueeded. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumoula"); Lobar pneumonia; Bronchopneumonia ("Pneumoula," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "Pubereral peritonitis," etc. State cause for childbirth or misearriage as "Puekrekal septichacetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valeular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Dropsy," "Exhaustion," Never report



state Very

(Address)

16

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

St.;....Ward)

[It death occurred in a hospital or institution. give its NAME Instead

	t street and number.]
MEDICAL CERTIFICATE OF DEA	тн
16 DATE OF DEATH	8 1915-
(Month) (Da	y (Year)
I HEREBY CERTIFY, That I attend	105
1915 to 24 45	7, 191 3,
that I last saw h allve on	1915-
and that death occurred on the date stated above	, at 1/9, m,
The CAUSE OF DEATH* was as follows:	
P. 11. 11. 11. 11. 11. 11. 11. 11. 11. 1	
(Duratian) Z Qyrs	
(PO	mosds.
Secondary	venus
(Duration) yrs.	mos ds.
(Signed)	M. 0.
man 19 191 & (Address) Listle	Ja Kry
*State the DISEASE CAUSING DEATH, or, in de CAUSES, state (1) MEANS OF INJURY; and (2) TAL, SUICIDAL, OF HOMICIDAL.	aths from VIOLENT
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTIT	UTIONS, TRANSIENTS,
At place In the of death yrs mos ds. State yrs	mos ds
Where was diseasa contracted,	76 pm-00-000 (100 00 pm 00 00 00 00 00 00 00 00 00 00 00 00 00
It not at place of death?	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
usual residence	00000000000000000000000000000000000000
DAT	E OF BURIAL
20 UNDERTAKER ADD	, 191.0
	RESS
rev 6 E Franklin St. Rulto. Doguesting V S. No. 1	La.

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

It LESS than

1 day,hrs.

OR min. ?

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many ocenpations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foremau,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or misearriage as "Puerperal septichaeeause. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Juantition," "Maras geuital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated noless important. ralular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic oma, Surcoma, etc., of..... (uame origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, letanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc. when a definite disease can be ascertained as the ample: Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) is less definite; avoid use of "Inmor" for malig-"Puerperal peritonitis," etc. State cause for Always qualify all diseases resulting from "Senile," Measles (Recommendations on statement of (disease causing death), 29 ds.; ete.), "Dropsy," "Exhaustion," Never report



PERMANENT RECORD

V

WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

N. B.

3118.1 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

	lage or City Wex Ravage (10)	Registration Dist. No. St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ex 4 COLOR OR RAGE 5 SINGLE, MARRIEO, WIDDWED, WIDDWED ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH SEC. 2. 1834 (Month) (Day (Year)	that I last saw h www alive on Leas 3074. 1915.
		and that death occurred on the date stated above, at 10.25 Pm. The CAUSE OF DEATH* was as follows: Cardiag Celepae
(b) bus Whi	General nature of industry, siness, or establishment in C. P. Phobe. IRTHPLACE (State or country) INAME OF ONAME OF	Contributory a - Pripe E, Brouch to Secondary Secure City (Duration) yrs mos / Vos.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Eliza UA UA UA VA VA VA VA VA VA VA	(Signed) Sylvand Sylvand N. D. (Mad 3/24, 191 S. (Address) CLUX Davage. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
14 7	13 BIRTHPLACE OF MOTHER (State or eountry) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) LOGIC WHO WHO WHO WHO WHO WHO WHO WH	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? Former or usual residence.
16 FII	(Address) Llex Lavage 100 Gard 1915 Talshume has 11 more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL AND LONG LONG LONG LONG LONG LONG LONG LONG

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the pisease Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Nevcr Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (uvoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." sepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as The contributory Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) State cause for



V. S. No. 1.

PHYSICIANS should state of OCCUPATION is very stated EXACTLY. PERMANENT UNFADING INK-THIS IS PLAINLY, WITH of information DEATH CAUSE OF important. 6 ż

	1 PLACE OF DEATH untillegany iago or City Cumberland (No. 29 A)	Lig
	FULL NAME	Section of the leading of the leadin
	PERSONAL AND STATISTICAL PARTICULARS	
asi Qu	** COLOR OR RACE Single, WARRACE White Wildward Write the word)	16
6 D	ME OF BIRTH March 17 1915	17
	(Month) (Day (Year)	that
TA	If LESS than f day,	and The
(a) par (b) bus	CCUPATION Trade, profession, or ticular kind of work. General nature of industry, ness, or establishment in None	100000
	RTHPLACE (State or country) Manyland	
	10 NAME OF Robert M. Valentine	(Sign
ENTS	11 BIRTHPLACE OF FATHER (State or country) Manyland	ma
of Mother Ella M. Bell		T.
	of Mother (State or country) Penna	At p
	(Intermant) Cumberland, Red.	Whe If n Ford USU
15	MAR 20 1915 Max Star	20

STATE OF MARYLAND CERTIFICATE OF DEATH

UJU

Registration Dist. No.

St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH MAG	ich	17	1015
and the same of th	(Month)	(Day	(Year)
March 17, 191	CERTIFY, The	at I attended de	annead from
that I last saw h ally	e on	where i	1, 1915
and that death occurred on	the date stat	ed above, at	OA m.
The CAUSE OF DEATH*	vas as follows		
Contributory Secondary			mos. ds.
	(Baratian)		man do
(Signed) LU, R.	Hodge	1	м о
(Signed) W. R. March 17, 1915 (Ad	dress) Cum	bulan	1, hed
*State the DISEASE CAU CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICI	USING DEATH,		
18 LENGTH OF RESIDENCE	E (FOR HOSPITA	LS, INSTITUTIONS,	TRANSIENTS.
At place of death yrs mos	ds. State		mos ds
Where was disease contracted, If not at place of death?	**************************************	***************************************	
Former or usual residence			
19 PLACE OF BURIAL DR		DATE OF B	
11/10/11/2	1 1	NI.	0 1

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthful-Never return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Juauition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asample: Measles (disease causing death), 29 ds.; affectiou need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary). 10 ds. is less definite; avoid use of "Tumor" for mualig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendatious on statement of "Dropsy," "Exhaustion," Never report



1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS ERTIFICATE OF DEATH Registration Dist. No. If death occurred in Ward) a hospital or institution. give its NAME instead EXACTLY. sified. Exa of street and number. RECTORD classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE stated MARRIED, Married ERMANENT 1915 WIDDWED OR DIVORCED perly CERTIFY, That I attended deceased from pro pino pe may k 7 AGE If LESS than and that death occurred on the date stated above, at 6. 1 day, hrs. back O The CAUSE OF DEATH * was as follows: OR min.? 0 that 00 OCCUPATION supplied (a) Trade, profession, or Suci particular kind of work 000 (b) General nature of Industry instructi business, or establishment in terms, UNFADING (Ouration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) 2 See i 10 NAME OF 0 Ď 2 FATHER (Signed) pino important 11 BIRTHPLACE LZ OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT 4 Sh (State or country) W ы CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 0 Œ SPICIDAL OF HOMICIPAL. 12 MAIDEN NAME OF MOTHER L. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 very of inform ш 13 BIRTHPLACE At place In the USI OF MOTHER State,yrs. mos. of deethyrs. 5 (State or country) Every item of in should state CAU OCCUPATION d Where was disease contracted, If not et place of death? Former or usuel residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAK ADDRESS 00 REGISTRAR Z If more blanks are reeded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more C yes.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (refired state occupation at beginning of illness. or given up on account of the disease causing Death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer mobile factory. mill; (a) Salesman, (b) (rocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinouer, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many eases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of ness of various pursuits can be known. The question tion is very important, so that the relative healthfulknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -('oal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-The material worked on may form part If retired from

Statement of Cause of Death—Name, first, the disease causing defent of the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Brouchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated lead-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, OF its probably such, if impossible "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness." on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonilis," birth or miscarringe as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the chopmeumonia (secondary), 10 ds. Never report mere nephritis, etc. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whoaping ges, peritomaeum, etc., Carcinoma, Sarcoma, etc., of Struck by railway train—accident; Revolver cause. "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia." Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull "Senile," The contributory (secondary or intercur-"Convulsions," etc.), etc. State cause for which ".Dropsy," "Debility" ("Con-"Atrophy," "Exhaustion," ACCIDENTAL, to punon



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should be taken to report specifically the occupations eated thus: CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm tuborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up on account of the disease Serrant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinucr, (b) Cotton mitl; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fremon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

genital," nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT PEATIS state MEANS OF INJURY and qualify as mia," "I'uerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. calvutar heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the Americau Medical Association.) canse of death, approved by Committee on Nomencla-"Contributory," (Recommendations on statement of scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," "Convulsions," "Debility" ("Con-(secondary or intercurrent) For vio-



STATE OF MARYLAND PLACE OF DEATH Very CERTIFICATE OF DEATH pino PHYSICIANS shou Registration Dist. No. lif death occurred io Ward) RECORD a hospital or institution, give its NAME instead of street and number.] statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 4 COLOR OR RACE S SINGLE. 16 DATE OF DEATH MARRIEO. BINDING WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from (Day TAGE If LESS than and that death occurred on the date stated above, at ď cla 1 dayhrs. 0 The CAUSE OF DEATH* was as follows: mos /s) ds OR min. ? proper M 6 OCCUPATION (a) Trade, profession, or F INK particular kind of work. suppiled, pe (b) General nature of Industry, UNFADING business, or establishment in r may (Duration) Q yrs. O mos... which employed (or employer) ESE certificate. Contributory. 9 BIRTHPLACE (State or country Secondary that 1 10 NAME OF FATHER (Signed) 0 0 ARGIN back terms. 11 BIRTHPLACE ARENT pinou OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT 0 CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 2 13 BIRTHPLACE At place OF MOTHER (State or countr In the of death yrs, mos. EATH __ ds. State _____ yrs. ___ mos. Where was disease contracted. MY KNOWLEDGE See If not at place of death?.. 50 Former or (informant) item OF usual-residence. mportant. Every it 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL March 15 20 UNDERTAKER ADDRESS m REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Cour	1 PLACE OF DEATH The gaugest of the	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Villa	2 FULL NAME Harren &	[If death occurred in a hospital or institution, give its HAME instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DÉATH
3 SE		16 DATE OF DEATH March 22 , 1915 (Month) (Day) (Year)
6 DA	TE OF BIRTH June (Month) (Day) (Year)	March 11, 1915, to March 21, 1915 that I last saw h Air alive on March 21, 1915
7 AG	55 yrs. 9 mos. 21 ds. OR min.?	and that death occurred on the date stated above, at m The GAUSE OF DEATH * was as follows: Jollown Surgical Theration double Mastoiditis from
) bu bu wh	a) Trade, profession, or Leweler Merchant ricular kind of work b) General nature of Industry siness, or establishment in hich employed (or employer)	Euppe (Buration) yrs. mos. 10 ds
9 B	(State or country) . Pa	Secondary
S	10 NAME OF FATHER aclosphus P Hohite	(Signed) E. G. Gores, mos. ds (Signed) E. Gores, M. D March 72, 191, 5 (Address) Cumberland Md
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*Stale the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
0.	13 BIRTHPLACE OF MOTHER (State or country) Pa (?)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death yrs. mos. & ds. State,yrs. mosds Where was a sease contracted, 2 x 2
14 T	(Informant) Blaine Haite	Former or usual residence 203 203
15	(Address) Timberland Md	Our berland Md Murch 24, 1915
FII	ed MAR 24 1,1915 MAX JUNION REGISTRAR	20 UNDERTAKER ADDRESS OLIUS Stew City
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Consus and American Public Health Association,

taken to report specifically the occupations of persons employed, as At school or At home. Care should be state occupation at beginning of illness. Housenaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foremen," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Greery: (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Housework, or At Home, and children, not gainfully very important, so that the relative healthful-For persons who have no occupation whatever, Never return "Laborer," If retired from Civil

Statement of Cause of Beath—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated Struck head-homicide; Poisoned to determine definitely. Examples: Accidental drowning. SUICIDAL OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," birth or miscarriage as "Publipment septichuenia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia." chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Broucough; Chronic valendar heart disease; Chronic indeestitial "Tumor" for malignant neoplasms); Measles: Whooping rent) affection need not be stated inless nephralis, etc. (name origin; "Cancer" is less definite; avoid ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. by railway train-accident; Revolver The nature of the injury, as fracture of skull "Senile," The contributory (secondary or interenretc.). 6.† C. by "Dropsy." State cause for which carbolic acid-probably "Exhaustion," ACCIDENTAL, important. punom use of



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. S

1 PLACE_OF DEATH	STATE OF MARYLAND
County allegan	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Ossufulaud (No. 30)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED OR DIVORCED Write the word)	16 DATE OF DEATH MAY - 2 - /9/2, 191 (Month) (Day) (Year)
6 DATE OF BIRTH March 21, 1915 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from 1915, to 1915, to 1915, that I last saw how also on 1915,
7 AGE If LESS than 1 day hrs. OR min.?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry	process
business, or establishment in which employed (or employer)	(Duralion) yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland	Secondary
on The Smorth White	(Signed) (Duration) yrs. mos. ds.
In BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Dearn, or, in deaths from Vollent Causing (1) Means or Industry, and (2) whether Accountry
of MOTHER Mettio P. Righ	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUCCIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the of deathyrsmosds. State,yrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Lays Harris	Former or usual residence
(Address) leum berland	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3/22 191 3
Filed March 22, 1915 Hay lotter REGISTRAR	20 UNDERTAKER ADDRESS Smory 1. White lembeland

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.

or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupaof various pursuits can be known. The question For persons who have no occupation whatever very important, so that the relative healthful-The material worked on may form part If retired from (b) Auto-

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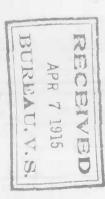
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[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeeper's fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a): Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMPEIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Juanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemla" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated nuless important. ralvular heart disease; Chronic interstitial nophritis, eer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. eause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgleal operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Seuile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



d de la constant de l	The state of the s	3097
	1 PLACE OF DEATH	STATE OF MARYLAND
Coun	ity Allegary	CERTIFICATE OF DEATH
	h die la	Registration Dist. No.
Villa	ge or City No. 56 , S	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead
	2 FULL NAME of any young	lung of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	MANDOWED VILLOW	16 DATE OF DEATH (Month) (Day) (Year)
6 na	TE OF BIRTH (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
	Unknoun 9/18	,191 , to,191 ,
-	· interior, (2001)	that last saw h alive on , 191 ,
7 AG	E If LESS than 1 day, hrs.	and that death occurred on the date stated above, at 3.00. m.
	6 7 yrs mos ds. ORmln.?	The CAUSE OF DEATH * was as follows:
8 00	CCUPATION) Trade, profession, or	Loppanie Oral mulas houst
) (bar	ticular kind of work	dislast
bus) General nature of Industry liness, or establishment In	(Duration) yrs, mos, ds
	ch employed (or employer)	Contributory
	(State or country)	Secondary
	1D NAME OF FATHER	(Signed) Olm. A Shaw Cooll M. O
S	Vont favour	and the second
ENH	11 BIRTHPLACE OF FATHER (State or country)	*State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT
ARE	12 MAIDEN NAME OF MOTHER	CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal of Homicidal.
9	· · · · · · · · · · · · · · · · · · ·	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	Al place In the of death yrs. mos. ds. Stale, yrs. mos. ds.
14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Kosh Lewis	Former or
		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Stan Half St.	Base Hill Com 3/23 1015
15	a March 23, 1915 Max Histon	20 UNDERTAKER ADDRESS
File	REGISTRAR	Amis Stew City
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekrepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of ageness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"; Lobor pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, telunus) may be stated on statement of cause of death approved by Committee under the head of "Contributory." suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "I'venpenal schichaemia, ete., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "PUERPERAL peritonitis," etc. Cause. symptoms or terminal conditions, such as "Asthenia, "Anaemia" (merely symptomatic), "Atrophy," "Co chopneumonia (secondary), 10 ds. Never report mere Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephralis, etc. cough; Chronic valvular heart discose; Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinomo. Sarcoma, etc., of . . . (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-"Coma," "Senile," etc.), The contributory (secondary or intercur-"Convulsions," "Dropsy," State cause for which carbolic acid-probably "Debility" ("Con-(Recommendations "Exhaustion." ACCIDENTAL,

